
State: District of Columbia **Filing Company:** AAA Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name: Individual Direct Mail Term
Project Name/Number: Individual Direct Mail Term/TL1401

Filing at a Glance

Company: AAA Life Insurance Company
Product Name: Individual Direct Mail Term
State: District of Columbia
TOI: L04I Individual Life - Term
Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Filing Type: Form
Date Submitted: 09/04/2015
SERFF Tr Num: AAAL-130231606
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: TL1401

Implementation: On Approval
Date Requested:
Author(s): Elizabeth Bargerstock
Reviewer(s):
Disposition Date:
Disposition Status:
Implementation Date:

State: District of Columbia
TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name: Individual Direct Mail Term
Project Name/Number: Individual Direct Mail Term/TL1401

General Information

Project Name: Individual Direct Mail Term

Project Number: TL1401

Requested Filing Mode:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Our domiciliary state of Michigan is a Compact Member, and this filing is not being filed directly with the state.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 09/04/2015

State Status Changed:

Deemer Date:

Created By: Elizabeth Bargerstock

Submitted By: Elizabeth Bargerstock

Corresponding Filing Tracking Number:

Filing Description:

September 4, 2015

District of Columbia Department of Insurance

RE: AAA Life Insurance Company

NAIC No.: 71854 FEIN: 52-0891929

Form NumberDescription

TL1401Individual Term Life Insurance Policy with Indeterminate Premiums

TL1402-DCDirect Term Life Application

TL1403-DCDirect Term Life Application (single applicant)

TL1404-DCIndividual Term Life Insurance General Health Questionnaire

TL1405-DCIndividual Term Life Insurance Follow-Up Questionnaire

TL1406-DCApplication for Reinstatement Individual Term Life Insurance

Dear Reviewer:

We are submitting the above referenced Individual Term Life Insurance Policy, Applications and Questionnaires for your review and approval. These forms are being submitted in final printed format; however, we reserve the right to change fonts, layouts, or company logo/address. We certify that the font size will never be less than the minimum 10-point as required by the State. No part of this filing contains any unusual or possibly controversial items from normal Company or industry standards. These forms will not replace any existing forms. The forms will be issued with sex-distinct rates. However we confirm that the policy forms will not be marketed or issued to any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

Once approved, the application forms will be marked on a general basis via postal mail or e-mail to individuals. Our intention is to use the riders and endorsements previously approved by the Department with this new Individual Term product. The filings listed below for each rider are also attached via the Associated Filings link in SERFF.

Form NumberDescriptionSERFF Tracking NumberApproval Date

TL20082XDBAccelerated Death Benefit EndorsementAAALJ1253970271/16/2008

TL1306ADBDCAccidental Death Benefit RiderAAAL-1282480935/21/2012

State: District of Columbia **Filing Company:** AAA Life Insurance Company
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5504TARTravel Accident RiderAAAL]1267307878/4/2010

5507CTRChild Term RiderAAAL]1267307878/4/2010

Form TL1401 is our Individual Term Life Insurance Policy with Indeterminate Premiums. The Individual Term Life Insurance Policy is a non]illustrated product.

Form TL1402-DC is a direct response application. This form can be completed by mailing in the completed paper application, filing it out electronically online or by calling in to AAA Life Insurance. Spouse insurance is not required; however, if the spouse should apply, they would, upon approval be issued their own Policy of insurance. Both the primary and spouse applicants are individually underwritten. In addition, we may market one or more optional riders at the time we solicit the base coverage. A gJohn Doeh version of this application has been attached for your reference.

Form TL1403-DC is the same direct response application as TL1402-DC, but for a single applicant. This form can be completed by mailing in the completed paper application, filing it out electronically online or by calling in to AAA Life Insurance. When marketed, this version of the application can be printed as a single or two sided application. In addition, we may market one or more optional riders at the time we solicit the base coverage.

Form TL1404-DC is a General Health Questionnaire. The purpose of this questionnaire is to obtain answers to any incomplete questions submitted on the original life insurance application. A gJohn Doeh version of this questionnaire has been attached for your reference.

Form TL1405-DC is a Follow-Up Questionnaire used to obtain additional supplemental information related to a gYESh answer on application (Forms TL1402-DC and TL1403-DC) question #6. The applicant will be asked to complete these drill down questions and provide additional information behind their gYESh answer. The additional supplemental information will be used by our underwriting department with the hopes of accepting additional applications. A gJohn Doeh version of this questionnaire has been attached for your reference.

Form TL1406-DC is a reinstatement application that will be completed by the applicant if their Term Life Insurance Policy lapses. The applicant is required to answer the same base application questions as listed on forms TL1402-DC and TL1403-DC, however, the time period for these questions go back to the original date of application. A gJohn Doeh version of this application has been attached for your reference.

In addition to the above forms, we are attaching the required certifications for this filing. We are attaching, for informational purposes, a signed Readability Certification, a Statement of Variability which provides information regarding the variable data enclosed in brackets on the submitted application forms.

To the best of our knowledge and belief, this submission complies with all the relevant statutes and regulations of the State, and includes nothing that has been previously objected to or disapproved by the Department.

Please feel free to contact me personally if you should have any questions, or require any further information to complete your review. Thank you for your time and consideration.

Sincerely,
Elizabeth Bargerstock
Product Compliance Specialist

State: District of Columbia **Filing Company:** AAA Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name: Individual Direct Mail Term
Project Name/Number: Individual Direct Mail Term/TL1401

734-591-6593

ebargerstock@aaalife.com

Company and Contact

Filing Contact Information

Elizabeth Bargerstock, Product Compliance ebargerstock@aaalife.com
Specialist

17900 N. Laurel Park Drive 734-591-6593 [Phone]
Livonia, MI 48152

Filing Company Information

AAA Life Insurance Company	CoCode: 71854	State of Domicile: Michigan
17900 N. Laurel Park Drive	Group Code: 55	Company Type: L & H,
Livonia, MI 48152-3985	Group Name: Automobile Club MI	Annuity
(800) 624-1662 ext. 2942[Phone]	GRP	State ID Number:
	FEIN Number: 52-0891929	

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	AAA Life Insurance Company
TOI/Sub-TOI:	L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium		
Product Name:	Individual Direct Mail Term		
Project Name/Number:	Individual Direct Mail Term/TL1401		

Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Actuarial Memo	Elizabeth Bargerstock	09/04/2015	09/04/2015

SERFF Tracking #:	AAAL-130231606	State Tracking #:		Company Tracking #:	TL1401
State:	District of Columbia			Filing Company:	AAA Life Insurance Company
TOI/Sub-TOI:	L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium				
Product Name:	Individual Direct Mail Term				
Project Name/Number:	Individual Direct Mail Term/TL1401				

Amendment Letter

Submitted Date: 09/04/2015

Comments:

I missed adding a Supporting Document item for the Actuarial Memo. I have attached it in this amendment.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memo
Comments:	
Attachment(s):	Act Memo Package Generic.pdf

SERFF Tracking #:

AAAL-130231606

State Tracking #:

Company Tracking #:

TL1401

State: District of Columbia

Filing Company:

AAA Life Insurance Company

TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Individual Direct Mail Term

Project Name/Number: Individual Direct Mail Term/TL1401

Form Schedule

Lead Form Number: TL1401

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Individual Term Life Insurance Policy with Indeterminate Premiums	TL1401	POL	Initial		55.200	TL1401 Individual Term Life Insurance Policy - FINAL_8-25-15.pdf
2		Direct Term Life Application	TL1402-DC	AEF	Initial		64.800	TL1402-DC Broad Market D Term App 7.5Q 22902 w brackets.pdf
3		Direct Term Life Application (single applicant)	TL1403-DC	AEF	Initial		60.000	TL1403-DC Broad Market D Term App 7.5Q 22903 no spouse w brackets.pdf
4		Individual Term Life Insurance General Health Questionnaire	TL1404-DC	OTH	Initial		57.800	TL1404-DC General Health Questionnaire.pdf
5		Individual Term Life Insurance Follow-Up Questionnaire	TL1405-DC	OTH	Initial		58.800	TL1405-DC Drill Downs Questionnaire.pdf
6		Application for Reinstatement Individual Term Life Insurance	TL1406-DC	AEF	Initial		50.900	TL1406-DC Individual Term Reinstatement Only.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate

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Product Name:	Individual Direct Mail Term		
Project Name/Number:	Individual Direct Mail Term/TL1401		

POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages
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Livonia, Michigan

Home Office:

AAA Life Insurance Company

[17900 N. Laurel Park Drive

Livonia, MI 48152

(800) 624-1662]


[www.aalife.com]


This is an individual term life insurance Policy. If the Insured dies while this Policy is in force, We agree to pay the proceeds payable to the Beneficiary according to the provisions of this Policy.

This is a legal contract between You and Us. Please Read It Carefully.

31 DAY RIGHT TO EXAMINE: You have the right to examine this Policy within 31 days after You receive it. If You are not satisfied, return it to Our Home Office with a request to cancel the Policy. We will void it as though it were never issued. We will refund all premiums, fees and charges You have paid.

As evidence of this agreement, this Policy has been signed by Officers of AAA Life Insurance Company at Our Home Office.


Harold W. Huffstetler, Jr., President


Diane L. Coudurier, Secretary

TOLL FREE INFORMATION AND COMPLAINT NUMBER: [(800) 624-1662]

INDIVIDUAL TERM LIFE INSURANCE WITH INDETERMINATE PREMIUMS

RENEWABLE TO AGE 80

CONVERTIBLE

Non-Participating – Not Eligible for Dividends

TABLE OF CONTENTS

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The Application, and any Endorsements, Riders, or related materials are located following page 12.

SCHEDULE PAGE

Policy Number:	[123456789]	Effective Date:	[03/01/2016]
Owner:	[John Doe]	Issue Date:	[03/01/2016]
Insured:	[John Doe]	Issue State:	[MI]
Issue Age:	[35]	Gender:	[Male]
Face Amount:	[\$100,000]	Rate Class:	[Non-Nicotine]
Payment Method:	[Annual]	Initial Premium:	[\$442.16]

[State] Department of Insurance
Telephone Number: 800-xxx-xxxx

<u>Benefit Type</u>	<u>Initial Annual Premium [*]</u>	<u>Effective Date</u>	<u>Expiration Date</u>
Term Life Insurance	[\$224.16]	[03/01/2016]	[3/01/2061]

The Initial Annual Premium shown above is guaranteed for 1 year from the Effective Date.

Additional Riders/Endorsements:

<u>Benefit Type</u>	<u>Benefit Amount</u>	<u>Initial Annual Premium</u>	<u>Effective Date</u>	<u>Expiration Date</u>
[Accelerated Death Benefit Endorsement]	N/A	N/A	[03/01/2016]	[03/01/2061]]
[Accidental Death Benefit Rider]	[\$100,000]	[\$85.00]	[03/01/2016]	[03/01/2046]]
[Travel Accident Rider]	[\$100,000]	[\$53.00]	[03/01/2016]	[03/01/2061]]
[Child Term Rider]	[\$10,000]	[\$80.00]	[03/01/2016]	[03/01/2061]]

Total Annual Premium: [\$442.16]

ALTERNATIVE PREMIUM OPTIONS:

<u>PAYMENT METHOD</u>	<u>MONTHLY CREDIT CARD, OR EFT</u>	<u>MONTHLY DIRECT BILL</u>	<u>QUARTERLY</u>	<u>SEMI-ANNUAL</u>	<u>ANNUAL</u>
Premium by					
Payment Method:	[\$36.85]	[\$39.85]	[\$110.54]	[\$221.08]	[\$442.16]

An administrative fee of [\$3.00/month] will be added for Monthly Direct Billing.

Conversion Period: To the earliest of the end of the Initial Term Period or the Policy Anniversary after Insured's [65th] birthday. No conversions will be allowed after Attained Age [65].

[* [\$60] Annual Fee Waived]

Address and phone number for Premium payment, inquiries and notification of claim:

AAA Life Insurance Company
[17900 N. Laurel Park Drive
Livonia, MI 48152-3985
(800) 624-1662]

Print Date: [03/01/2016]

**SCHEDULE PAGE
(Continued)**

Policy Number: [123456789]

Effective Date: [03/01/2016]

Face Amount: [\$100,000]

Insured: [John Doe]

[Annual] Renewal Premiums

Policy Years	Attained Age	Current Base Term Life Without Riders[*]	Current Base Term Life With All Riders[*]	Maximum Base Term Life Without Riders[*]	Maximum Base Term Life With All Riders[*]
[1-5]	[35-39]	[\$224.16]	[\$442.16]	[\$284.00]	[\$502.00]
[6-10]	[40-44]	[\$286.68]	[\$504.68]	[\$378.00]	[\$596.00]
[11-15]	[45-49]	[\$400.08]	[\$618.08]	[\$514.00]	[\$732.00]
[16-20]	[50-54]	[\$626.88]	[\$844.88]	[\$791.00]	[\$1009.00]
[21-25]	[55-59]	[\$941.88]	[\$1159.88]	[\$1202.00]	[\$1420.00]
[26-30]	[60-64]	[\$1382.88]	[\$1600.88]	[\$1856.00]	[\$2074.00]
[31-35]	[65-69]	[\$2154.12]	[\$2287.12]	[\$3277.00]	[\$3410.00]
[36-40]	[70-74]	[\$3213.96]	[\$3346.96]	[\$5138.00]	[\$5271.00]
[41-45]	[75-79]	[\$5301.12]	[\$5434.12]	[\$8765.00]	[\$8898.00]

[* [\$60] Annual Fee Waived]

**SCHEDULE PAGE
(Continued)**

Policy Number: [123456789]

Effective Date: [03/01/2016]

Face Amount: [\$100,000]

Insured: [John Doe]

[Annual] Renewal Premiums

Policy Years	Attained Age	Current Base Term Life[*]	Maximum Base Term Life[*]
[1-5]	[35-39]	[\$224.16]	[\$284.00]
[6-10]	[40-44]	[\$286.68]	[\$378.00]
[11-15]	[45-49]	[\$400.08]	[\$514.00]
[16-20]	[50-54]	[\$626.88]	[\$791.00]
[21-25]	[55-59]	[\$941.88]	[\$1202.00]
[26-30]	[60-64]	[\$1382.88]	[\$1856.00]
[31-35]	[65-69]	[\$2154.12]	[\$3277.00]
[36-40]	[70-74]	[\$3213.96]	[\$5138.00]
[41-45]	[75-79]	[\$5301.12]	[\$8765.00]

[* [\$60] Annual Fee Waived]

Definitions

In this Policy, the following terms mean:

Assignment – The transfer of the Owner's rights and privileges to another person or entity. Actual ownership does not transfer.

Age – The Insured's Age as of their last birthday.

Application – The document and any additional document(s) or questionnaire(s) used to provide Evidence of Insurability to apply for this insurance coverage or any reinstated coverage. It is a part of this Policy.

Attained Age – The Insured's Age, on any given date, as of the last Policy Anniversary.

Base Policy – This Policy without any added benefits provided by Rider or Endorsement.

Beneficiary – The person(s) or entity(ies) named in the Application, or in the most recent change recorded by Us, who is entitled to receive the Death Benefit.

Death Benefit – The amount We pay upon the death of the Insured while this Policy is in force.

Effective Date – The date this Policy becomes effective. It is shown on the Schedule Page. The Effective Date is the date We use to determine renewal dates.

Endorsement – A form attached to this Policy that provides additional benefits without additional charges.

Evidence of Insurability – Proof satisfactory to Us that an Insured is an acceptable risk for this insurance coverage.

Expiration Date – The date on which all coverage under this Policy, or any attached Rider, is no longer in force as shown on the Schedule Page.

Face Amount – The amount of life insurance provided under this Policy. It is shown on the Schedule Page. This amount does not include benefits provided by any Rider or Endorsement.

Grace Period – The time period in which an overdue Premium will still be accepted. During this period the coverage remains in force. There is no Grace Period for the Initial Premium.

Home Office – Our office located at [17900 N. Laurel Park Drive, Livonia, MI 48152].

Initial Premium – The first Premium due in consideration for this Policy. We must receive and deposit the Initial Premium before the Policy becomes effective.

Insured – The person whose life is insured under this Policy as shown on the Schedule Page.

Irrevocable Beneficiary – A Beneficiary who must give written consent prior to Us processing any changes that the Owner requests.

Issue Age – The Insured's Age on the Effective Date. The Issue Age is shown on the Schedule Page.

Issue Date – The date we issue this Policy, which is shown on the Schedule Page. The Issue Date is the date We use to measure the applicable time periods of the suicide and incontestability provisions in this Policy.

Owner – The person or entity that has full rights and privileges to the benefits of this Policy, while the Insured is living.

Payee – The person(s) or entity(ies) to whom We make benefit payments.

Policy – The document that provides evidence of insurance coverage and benefits.

Policy Anniversary – The same month and day as the Effective Date for each year this Policy remains in force.

Premium – The amount You are required to pay to Us to keep this Policy in force.

Proof of Loss – Documents that provide satisfactory evidence to Us, that the Insured has incurred a loss covered by the Policy, its Riders or Endorsements.

Rate Class – The mortality and morbidity classification assigned to the Insured under this Policy. It is used to determine the costs, charges and fees for the insurance coverage. The Rate Class of the Insured is shown on the Schedule Page.

Reinstatement Date – The date we approve a reinstatement request and receive all overdue Premiums.

Rider – A form attached to this Policy that provides added benefits for an additional charge.

We, Us, Our, Ours, and the Company mean AAA Life Insurance Company.

You, Your, and Yours mean the Owner of the Policy.

General Provisions

Effective Date of Insurance

The Policy becomes effective when the following conditions are met:

1. You submit a completed, signed and dated Application;
2. We approve Your Application and any other required Evidence of Insurability; and
3. We receive and deposit Your Initial Premium.

This Policy is void and there is no coverage if You are not living on the Effective Date.

Entire Contract

The entire contract between You and Us consists of this Policy, including any attached Riders, Endorsements or amendments, and the Application.

Any request or application for additional benefits provided by Rider, a change in coverage, or reinstatement becomes a part of this Policy on the effective date of the Rider, change or reinstatement.

Any change or waiver of any provision of this Policy must be in writing and signed by an Officer of the Company. No agent has the authority to change the contract in any way or extend the time for paying Premiums.

Misstatement of Age or Gender

If the Insured's Age or gender was misstated, their correct Age or gender at the Effective Date will be used to determine:

1. The Expiration Date of benefits provided by this Policy;
2. The Death Benefit; and
3. Any other rights or benefits under this Policy.

If the Insured's Age or gender was misstated, We will adjust the Death Benefit to be the amount that would be purchased by the Premium at the correct Age or gender.

If the Insured's correct Age is found to be outside the coverage range of the product, the Death Benefit and Premium will be extrapolated to the correct Age.

Suicide

If the Insured commits suicide, while sane or insane, within two (2) years from the Issue Date, proceeds payable will be limited to:

1. Total Premiums paid;
2. Less any Debt; and
3. Less the cost of insurance for any other covered person insured by Rider.

The proceeds will be paid to the Beneficiary in one lump sum regardless of any policy settlement previously elected by You or the Beneficiary.

If the Insured commits suicide, while sane or insane, within two (2) years from the last Reinstatement Date, the proceeds We pay will be limited to:

1. All Premiums paid after such Reinstatement Date;
2. Less any debt; and
3. Less the cost of insurance for any other covered person insured by Rider incurred after the Reinstatement Date.

Incontestability

We will not contest the validity of this Policy after it has been in force during the Insured's lifetime for two (2) years from

1. The Issue Date; or
2. The last Reinstatement Date.

We will not use a statement made by You or the Insured on any Application to contest a claim unless:

1. The Insured dies within two (2) years of the Issue Date or within two (2) years of the last Reinstatement Date; and
2. Any answer, representation or acknowledgement made by You or the Insured on the Application for Insurance or reinstatement was not true and/or complete; and
3. If We had known the correct facts, We would not have issued or reinstated the Policy, or the Policy would not have been issued in its present form for the amount of insurance and/or the premium rate.

During the first two (2) years following the Issue Date or any Reinstatement Date, We have the right to rescind coverage under the Policy while the Insured is living if the above conditions would allow Us to contest a claim if the Insured died.

Subject to the Grace Period provisions of this Policy, We can contest this Policy at any time for nonpayment of Premium. We can also contest this Policy at any time for fraud where permitted by the state where this Policy is delivered or issued for delivery.

Protection Against Creditors (Beneficiary's Rights)

While the Insured is alive, the Beneficiary may not assign or borrow against the benefit amount. While the Insured is alive or upon death, a Beneficiary's creditors may not claim any of the benefit amount or interest, unless allowed by law.

Protection Against Creditors (Owner's Rights)

While the Insured is alive, the Owner may not assign or borrow against the benefit amount, except as stated in the Assignment provision. While the Insured is alive, an Owner's creditors may not claim any of the benefit amount or interest, unless allowed by law.

Statements

We consider all statements made in any Application to be representations and not warranties, unless they are fraudulent. No statement will be used to void coverage or reduce benefits unless:

1. It is in writing; and
2. A copy is attached to the Policy.

Clerical Errors

Clerical or system errors in this Policy, or any report concerning this Policy will neither:

1. Deprive You of the benefits You are entitled to under the Policy; nor
2. Provide You with additional benefits to which You are not entitled.

Conformity with State Statutes: This Policy is subject to the laws of the state where the Application was signed. If part of this Policy does not comply with those laws, it will be treated as if it did. Any provision of this Policy, which, on its Effective Date, is in conflict with the statutes of the state in which the Owner is located on such date is hereby amended to conform to the minimum requirements of such statutes.

Termination

All coverage under this Policy will terminate when any of the following occurs:

1. The Insured dies; or
2. The Policy is converted as specified herein; or
3. The Grace Period ends without payment of the entire Premium due; or
4. On the Expiration Date as shown on the Schedule Page; or
5. The Owner has requested termination.

Any Premium received after the date of termination will not cause this Policy to remain in force. We will refund to You any such Premium.

Ownership Provisions

Owner

The Insured is the Owner of this Policy, unless otherwise stated in the Application or in a Policy amendment. Your rights as an Owner end at the Insured's death. While the Insured is living, You have the rights as Owner to:

1. Transfer ownership rights and privileges by Assignment; or
2. Change any Beneficiary during the Insured's lifetime; or
3. Receive any benefit, exercise any right, and use any privilege granted to You by Your Policy; or
4. Agree with Us to change or amend Your Policy.

If You have named an Irrevocable Beneficiary, We will require their written consent before processing any of Your requests. If the Owner dies before the Insured and no other arrangements have been made with Us, ownership will be transferred to the Owner's estate.

Change of Ownership

If You name a new Owner, You must make an ownership change while the Insured is living by sending satisfactory written notice to Us at Our Home Office.

Assignment

Assignment of this Policy will be binding on Us only after We receive a copy of the Assignment at Our Home Office. We are not responsible for the validity of any Assignment. If the Assignment is absolute, all rights of the Owner and any revocable Beneficiary are transferred to the assignee. If the Assignment is collateral, rights are transferred only to the extent of the assignee's interest.

Change of Beneficiary

The Owner may change the Beneficiary, except for an Irrevocable Beneficiary, at any time while the Insured is living by sending satisfactory written notice to Us at Our Home Office. If You have named an Irrevocable Beneficiary, We will require their written consent before processing any of Your requests.

Effective Date of Elections, Designations, Changes and Requests

All elections, designations, changes and requests must be in a form satisfactory to Us. No election, designation, change or request will take effect until acknowledged by Us in writing. Once acknowledged, the change will become effective on the date the notice of change is signed, unless specified otherwise by the Owner. We will not be liable for payment made or action taken by Us before notice was received at Our Home Office and acknowledged in writing by Us.

Beneficiary

Beneficiary

The Beneficiary will receive the Death Benefit. A Beneficiary has no rights under this Policy until the death of the Insured.

There are two Beneficiary classes:

1. Primary Beneficiary; or
2. Contingent Beneficiary.

If no primary Beneficiary survives the Insured, We will pay the Death Benefit to the contingent Beneficiary. If there is more than one Beneficiary in a class, each will share equally unless You specify otherwise. The share of any Beneficiary who dies before the Insured, as required by state law, will pass equally to any surviving Beneficiaries in that class, unless You state otherwise. If no Beneficiary survives the Insured, the Death Benefit will be paid to the Owner or the Owner's estate.

However, we may pay any Death Benefit up to \$10,000 to any person We consider justly entitled if:

1. The Beneficiary is not competent to give a valid release;
2. The Beneficiary is a minor; or
3. The benefit is payable to the Owner's estate.

If We make payment in good faith, We will not be liable to anyone for the amount paid.

Premiums

Payment

Each Premium is payable in advance of the period it applies. Due dates of later Premiums are measured from the Effective Date. All Premiums are payable to Us at Our Home Office. You may request a receipt signed by an Officer of the Company.

The amount and frequency of Premium payments are shown on the Schedule Page. This Policy terminates on the due date of any Premium not paid on or before that date, subject to the Grace Period provision.

We guarantee Premiums on all Riders attached until the Expiration Date of the Riders. We guarantee base benefit Premiums for one year from the Effective Date. After that date, We may adjust Premiums at any time. The maximum Premiums We would charge are shown on the Schedule Page (page 3a). Any change We make in the premium rates will apply to all Insureds of the same age, class, insurance amount, and year of issue. We will give You at least 45 days advance written notice of any change in Premiums. The Premiums will change on the first Policy Anniversary date following the end of the notice period. The adjustment of Premiums is based on future anticipated or emerging experience factors. Experience factors, may include, but are not limited to, investment earnings, mortality, persistency, taxes and expenses.

The premium rates shown do not include Premium charged for any future additional benefits or Riders added to the Policy after the Effective Date of the Policy.

Renewal

You may renew this Policy, without Evidence of Insurability, for successive annual periods until the Expiration Date shown on the Schedule Page.

Grace Period

There is no Grace Period for the Initial Premium. After You pay Your Initial Premium, We allow a Grace Period of 31 days for payment of any subsequent Premiums. This Policy remains in force during the Grace Period. If death occurs during a Grace Period, any unpaid Premium up to the date of death will be deducted from the Death Benefit. If You fail to pay the Premium due by the end of the Grace Period, the Policy will terminate as of the last Premium due date.

Reinstatement

During the life of the Insured, you may apply to have the Policy reinstated within three (3) years after the due date of any unpaid Premium. You must not have converted the Policy.

We require the following to reinstate the Policy:

1. Satisfactory Evidence of Insurability; and
2. Payment of all overdue Premiums from date of termination to the Reinstatement Date; and
3. Payment of the greater of the first Modal Premium Due after the Reinstatement Date or two monthly premium payments.

The effective date of reinstatement is the date We approve the reinstatement. We must have received and deposited all required Premiums before we approve it.

Conversion Provision

Conversion Period

You may convert this Policy within the time frame indicated on the Schedule Page. You may convert the Policy to any individual permanent life insurance policy that we make available for conversion of this Policy. This Policy must be in force on the date you request conversion. The conversion period ends as described on the Schedule Page.

Conditions for Conversion

You may convert insurance, up to the Face Amount in force on this Policy, to a new policy during the conversion period. Your right to convert is subject to these conditions:

1. We are not waiving Premiums because of the Insured's total disability.
2. You have paid all Premiums due on this Policy.
3. The effective date of the new policy will be the date of conversion.
4. The suicide or contestability period does not start over with the new policy. We will measure the suicide and contestability period under the new policy from the later of the Effective Date of this Policy or the last Reinstatement Date.
5. We reserve the right to limit any riders and/or endorsements with the new policy upon conversion.
6. You must submit a request for conversion form to Us and pay the first premium due.
7. We will issue the new policy at the age of the Insured on the date of conversion.
8. We will issue the new policy in a similar Rate Class to this Policy, at the premium for that rate class in use by Us on the date of conversion.
9. The new policy will be subject to Our minimum policy requirements in effect at the time of conversion.

Claim Processing

Death Benefit

Subject to the suicide and incontestability provisions, if the Insured dies while this Policy is in force, We will pay the Death Benefit to the Beneficiary. We will calculate the Death Benefit as:

1. The Face Amount; plus
2. Any benefits provided by Rider or Endorsement which are payable upon the Insured's death; less
3. The amount needed to keep this Policy in force to the end of the Policy month of date, if the Insured dies within the Grace Period; less
4. The amount of any benefits paid under the Accelerated Death Benefit; plus
5. Any Premiums paid past the Policy month of death.

Filing a Death Claim

To claim the Death Benefit, We require a fully completed claim form and Proof of Loss.

Proof of Loss for purposes of a Death Benefit claim shall include:

1. A certified copy of the Insured's death certificate; or
2. Other lawful evidence providing equivalent information; and
3. Proof of the claimant's interest in the proceeds; and
4. All medical records and other investigative materials that we may reasonably require.

We may refuse to pay any claim made if the claimant(s) or Beneficiaries fail or refuse to provide information we deem necessary to investigate the claim.

If You or Your Beneficiaries need help in the claim process, contact Our Home Office.

Interest on Proceeds

Interest accrues and is payable from the date of death. It accrues at the rate applicable to the Policy for funds left on deposit with Us as the date of death, beginning 31 calendar days from the latest of:

1. The date We receive due proof of death; or
2. The date We receive sufficient information to determine Our liability, the extent of Our liability and the appropriate Payee legally entitled to the proceeds; or
3. The date all legal impediments to payment of proceeds that are dependent on parties other than the Company are resolved and sufficient evidence of such resolution is provided to Us. Legal impediments include, but are not limited to:
 - a. The establishment of guardianships and conservatorships;
 - b. The appointment and qualification of trustees, executors and administrators; and
 - c. The submission of information required to satisfy state and federal reporting requirements.

Method of Payment

The Beneficiary may elect to have the Death Benefit paid in a lump sum or under any other payment option mutually agreed upon.

Physical Examination and Autopsy

We have the right to examine, at Our expense, the person for whom a claim is made under this Policy, as We may reasonably require while a claim is pending. We have the right to have an autopsy performed in the case of death, where the law does not forbid it.

Legal Actions

Legal actions may not be taken to receive benefits until 60 days after the date Proof of Loss is submitted and received by Us as described above. Legal action may not be taken after the expiration of the applicable statute of limitations.



INDIVIDUAL TERM LIFE INSURANCE WITH INDETERMINATE PREMIUMS
Non-Participating – Not Eligible for Dividends



DIRECT TERM LIFE INSURANCE APPLICATION

How to apply: Please PRINT clearly in blue or black ink. All sections must be completed to process your Application. Mail in the postage-free envelope. Both you and your spouse/partner may apply even if you are not AAA members. You do NOT have to send money now, simply choose your payment method. Remember – you have 31 days to review your insurance Policy when it arrives. Questions or to enroll by phone call TOLL-FREE 1-800-974-1593.

FPO
barcode

It's as easy as 1-2-3!...

999-9999999999999999
XXXXXXXXXX 9999999999

To help us speed this through for you,
PLEASE COMPLETE AND MAIL BY MON. XX

SEND NO MONEY NOW – SELECT PAYMENT METHOD

1 Your Information

Name First Middle Initial Last
Home Address

City State Zip Code

Are you a AAA member? ☐ Yes ☐ No [Number]

Your Desired Coverage Amount:

☐ \$200,000 ☐ \$100,000 ☐ \$50,000 ☐ \$25,000

Gender ☐ Male ☐ Female
Date of Birth / / (Must be age 18-69 to apply.)
Social Security Number / /
Place of Birth
Height ft. in. Weight lbs.
Telephone Number ()
Email Address
Beneficiary Name Relationship

2 Spouse/Partner Information (if applying)

Name First Middle Initial Last
Home Address

City State Zip Code

Telephone Number ()

Email Address

Are you a AAA member? ☐ Yes ☐ No [Number]

Spouse Desired Coverage Amount:

☐ \$200,000 ☐ \$100,000 ☐ \$50,000 ☐ \$25,000

Gender ☐ Male ☐ Female
Date of Birth / / (Must be age 18-69 to apply.)
Social Security Number / /
Place of Birth
Height ft. in. Weight lbs.
Beneficiary Name Relationship

3 Select Any Optional Riders for You

- ☐ Accidental Death Rider: ☐ \$200,000 ☐ \$100,000 ☐ \$50,000 ☐ \$25,000
☐ Child Rider: ☐ \$20,000 ☐ \$15,000 ☐ \$10,000 ☐ \$5,000
☐ Travel Accident Rider: ☐ \$200,000 ☐ \$100,000 ☐ \$50,000 ☐ \$25,000

Select Any Optional Riders for Spouse

- ☐ Accidental Death Rider: ☐ \$200,000 ☐ \$100,000 ☐ \$50,000 ☐ \$25,000
☐ Child Rider: ☐ \$20,000 ☐ \$15,000 ☐ \$10,000 ☐ \$5,000
☐ Travel Accident Rider: ☐ \$200,000 ☐ \$100,000 ☐ \$50,000 ☐ \$25,000

4 Complete All Questions — for each person applying

1. In the past 12 months have you used nicotine in any form?
2. Are you currently confined to a hospital or assisted living facility, receiving home health care, or had diagnostic testing performed or recommended in the last 12 months for an unidentified condition?
3. In the past 5 years have you been convicted of a felony, driving under the influence or reckless driving, or treated for alcohol or substance abuse, or advised to reduce consumption of alcohol by a member of the medical profession?
In the past 5 years, have you been diagnosed or treated by a member of the medical profession for:
4. Dementia, schizophrenia, attempted suicide or have you been hospitalized or missed more than 1 week of work as a result of anxiety, depression, or bipolar disorder?
5. Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) Infection, Cirrhosis, Hepatitis C, stroke, brain tumor, leukemia, or cancer? (Answer NO if you ONLY have basal or squamous cell cancer.)
6. Central Nervous Disorder, Amyotrophic Lateral Sclerosis (ALS), lupus, chronic kidney disease, respiratory disorder, heart or circulatory disorder? (Answer NO if you ONLY have asthma or high blood pressure.)
7a. Diabetes or elevated blood sugar?
b. If you answered YES to 7a, were you diagnosed with diabetes more than 15 years ago or have you had any complications relating to diabetes, such as ketoacidosis, neuropathy, or nephropathy in the last 5 years?
Will this Policy, if issued, replace any life insurance or annuity now in force?
(If "YES," please list name of company, and Policy number of Policy to be replaced.)

Company/Policy # (You) Company/Policy # (Spouse)

5 Payment Method — SEND NO MONEY NOW, but please give us your payment choice. Absolutely no obligation.

Select ONE Payment Option

- ☐ I authorize, until I revoke in writing, deduction of the monthly premium from my checking account. (Please attach a VOID check if you select this option.)
☐ I authorize, until I revoke in writing, the payment of the monthly premium from my credit card account. (VISA, MasterCard, Discover or AmEx only.)
Credit Card Number: Expiration Date: /
• Please print name as it appears on checking account or credit card: _____
☐ I would like to be billed directly. Choose one: ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly (\$3 fee per direct monthly billing.)

6 Please Read, Sign and Date

All answers in this Application are, to the best of my knowledge and belief, true. I understand the answers will be used to determine if coverage will be issued, and the Application will be part of the Policy. • If I misstate any of the information above, the Policy may be voidable from Issue Date by AAA Life Insurance Company (the Company). • Coverage will take effect on the Effective Date shown on the Policy; provided the first Premium has been paid and there has been no change in my health since the date of the Application. If my health changes prior to the Effective Date of the Policy, I must promptly inform the Company in writing. • I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical-related facility, consumer reporting agency, insurance company, MIB, Inc. (MIB) or other organization that has any records or knowledge of my medical or prescription history, driving record, or social security number, to give any such information to the Company, its reinsurer(s) or any entity retained by the Company to collect and transmit such information. • I acknowledge receiving the MIB "NOTIFICATION" and authorize the Company, or its reinsurer(s) to make a brief report of my personal health information to MIB. • The Company will not use

or disclose medical information for any purpose other than stated above except as may be required or permitted by law. Such medical information may be subject to redisclosure and may no longer be protected by federal privacy regulations. • This authorization shall be valid for 24 months from the date signed. • I may revoke this authorization at any time by writing to the Company; and if I do, the Company may decline my Application. • Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Your Signature (required if applying)	Date Signed (required)
	Spouse Signature (required if applying)	Date Signed (required)



DIRECT TERM LIFE INSURANCE APPLICATION

How to apply: Please PRINT clearly in blue or black ink. All sections must be completed to process your Application. Mail in the postage-free envelope. You may apply even if you are not AAA member. You do NOT have to send money now, simply choose your payment method. Remember – you have 31 days to review your insurance Policy when it arrives. Questions or to enroll by phone call TOLL-FREE 1-800-974-1593.

FPO barcode

It's as easy as 1-2-3!...

999-9999999999999999
XXXXXXXXXX 9999999999

To help us speed this through for you,
PLEASE COMPLETE AND MAIL BY MON. XX

SEND NO MONEY NOW – SELECT PAYMENT METHOD

1 Your Information

Name First Middle Initial Last
Home Address

City State Zip Code

Are you a AAA member? ☐ Yes ☐ No [Number]

Your Desired Coverage Amount:

☐ \$200,000 ☐ \$100,000 ☐ \$50,000 ☐ \$25,000

Gender ☐ Male ☐ Female

Date of Birth / / (Must be age 18-69 to apply.)

Social Security Number - -

Place of Birth

Height ft. in. Weight lbs.

Telephone Number ()

Email Address

Beneficiary Name Relationship

2 Select Any Optional Riders

☐ Accidental Death Rider: ☐ \$200,000 ☐ \$100,000 ☐ \$50,000 ☐ \$25,000

☐ Travel Accident Rider: ☐ \$200,000 ☐ \$100,000 ☐ \$50,000 ☐ \$25,000

☐ Child Rider: ☐ \$20,000 ☐ \$15,000 ☐ \$10,000 ☐ \$5,000

3 Complete All Questions

1. In the past 12 months have you used nicotine in any form?
2. Are you currently confined to a hospital or assisted living facility, receiving home health care, or had diagnostic testing performed or recommended in the last 12 months for an unidentified condition?
3. In the past 5 years have you been convicted of a felony, driving under the influence or reckless driving, or treated for alcohol or substance abuse, or advised to reduce consumption of alcohol by a member of the medical profession?
In the past 5 years, have you been diagnosed or treated by a member of the medical profession for:
4. Dementia, schizophrenia, attempted suicide or have you been hospitalized or missed more than 1 week of work as a result of anxiety, depression, or bipolar disorder?
5. Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) Infection, Cirrhosis, Hepatitis C, stroke, brain tumor, leukemia, or cancer? (Answer **NO** if you **ONLY** have basal or squamous cell cancer.)
6. Central Nervous Disorder, Amyotrophic Lateral Sclerosis (ALS), lupus, chronic kidney disease, respiratory disorder, heart or circulatory disorder? (Answer **NO** if you **ONLY** have asthma or high blood pressure.)
7a. Diabetes or elevated blood sugar?
b. If you answered **YES** to 7a, were you diagnosed with diabetes more than 15 years ago or have you had any complications relating to diabetes, such as ketoacidosis, neuropathy, or nephropathy in the last 5 years?
Will this Policy, if issued, replace any life insurance or annuity now in force?
(If "YES," please list name of company, and Policy number of Policy to be replaced.)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Company/Policy #:

4 Payment Method — SEND NO MONEY NOW, but please give us your payment choice. Absolutely no obligation.

Select ONE Payment Option

- ☐ I authorize, until I revoke in writing, deduction of the **monthly premium** from my checking account. (Please attach a VOID check if you select this option.)
☐ I authorize, until I revoke in writing, the payment of the **monthly premium** from my credit card account. (VISA, MasterCard, Discover or AmEx only.)
Credit Card Number: Expiration Date: /
• Please print name as it appears on checking account or credit card: _____
☐ I would like to be billed directly. Choose one: ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly ☐ (\$3 fee per direct monthly billing.)

5 Please Read, Sign and Date

All answers in this Application are, to the best of my knowledge and belief, true. I understand the answers will be used to determine if coverage will be issued, and the Application will be part of the Policy. • If I misstate any of the information above, the Policy may be voidable from Issue Date by AAA Life Insurance Company (the Company). • Coverage will take effect on the Effective Date shown on the Policy; provided the first Premium has been paid and there has been no change in my health since the date of the Application. If my health changes prior to the Effective Date of the Policy, I must promptly inform the Company in writing. • I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical-related facility, consumer reporting agency, insurance company, MIB, Inc. (MIB) or other organization that has any records or knowledge of my medical or prescription history, driving record, or social security number, to give any such information to the Company, its reinsurer(s) or any entity retained by the Company to collect and transmit such information. • I acknowledge receiving

the MIB "NOTIFICATION" and authorize the Company, or its reinsurer(s) to make a brief report of my personal health information to MIB. • The Company will not use or disclose medical information for any purpose other than stated above except as may be required or permitted by law. Such medical information may be subject to redisclosure and may no longer be protected by federal privacy regulations. • This authorization shall be valid for 24 months from the date signed. • I may revoke this authorization at any time by writing to the Company; and if I do, the Company may decline my Application. • **Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



Your Signature (required)

Date Signed (required)



INDIVIDUAL TERM LIFE INSURANCE
GENERAL HEALTH QUESTIONNAIRE

[17900 N. Laurel Park Dr.
Livonia, MI 48152
(800) 974-1593]

To be completed in full by the Proposed Insured:

Full Legal Name:	Policy Number:	Telephone Number:
Address:		Date of Birth (mm/dd/yy):

Please answer the incomplete question(s) below from your life insurance application dated _____.

Authorization:

All answers in this questionnaire are, to the best of my knowledge and belief, true. I understand the answers will be used to determine if coverage will be issued, and this questionnaire will be part of the Policy. • If I misstate any of the information above, the Policy may be voidable from Issue Date by AAA Life Insurance Company (the Company). • Coverage will take effect on the Effective Date shown on the Policy; provided the first Premium has been paid and there has been no change in my health since the date of the application. If my health changes prior to the Effective Date of the Policy, I must promptly inform the Company in writing. • **[Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

Signature of Proposed Insured

Date

By agreeing to the following statement(s) we will accept your verbal authorization as your signature:

Verbal Authorization Questions	Yes	No
1. Do you consent to the use of an audio signature in completing this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you declare that all the statements and answers given today, are to the best of your knowledge and belief, true, complete, and correct?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you agree that your responses to this questionnaire and your application, will be the basis for AAA Life Insurance Company to use to make an underwriting decision for any insurance issued?	<input type="checkbox"/>	<input type="checkbox"/>

Please state your Full Name and Date of Birth to complete the verbal authorization and your signature.

Full Name: _____

Date of Birth: _____



INDIVIDUAL TERM LIFE INSURANCE
FOLLOW-UP QUESTIONNAIRE

[17900 N. Laurel Park Dr.
Livonia, MI 48152
(800) 974-1593]

Please complete the following follow-up questions (to be completed by the Proposed Insured):

Full Legal Name:	Telephone Number:
Address:	Date of Birth (mm/dd/yyyy)

Question # 6 answered "YES":

In the past 5 years, have you been diagnosed or treated by a member of the medical profession for Central Nervous Disorder, Amyotrophic Lateral Sclerosis (ALS), lupus, chronic kidney disease, respiratory disorder, heart or circulatory disorder? (Answer NO if you ONLY have asthma or high blood pressure.)

Drill Down Questions	Yes	No	
1. Have you been diagnosed with Amyotrophic Lateral Sclerosis (ALS)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you been diagnosed with Parkinson's disease, Multiple Sclerosis, Huntington's Disease, or Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>	If "NO" move to Question 3.
a. If diagnosed with Parkinson's Disease, do you require assistance in performing activities of daily living?	<input type="checkbox"/>	<input type="checkbox"/>	
b. If diagnosed with Multiple Sclerosis, is your Multiple Sclerosis considered progressive?	<input type="checkbox"/>	<input type="checkbox"/>	
i. If not considered progressive, do you require assistance with ambulation and/or are you unable to work?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Have you been diagnosed with Huntington's Disease?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Have you been diagnosed with Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>	
i. Was the diagnosis in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	
ii. If diagnosed within the last 5 years, have you had more than 6 seizures within a 12 month period?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you been diagnosed with Systemic Lupus Erythematosus (SLE)?	<input type="checkbox"/>	<input type="checkbox"/>	If "NO" move to Question 4.
a. Are you currently being treated for SLE?	<input type="checkbox"/>	<input type="checkbox"/>	
i. If "NO" did treatment stop over 3 years ago?	<input type="checkbox"/>	<input type="checkbox"/>	
ii. If "NO" was the diagnosis over 5 years ago?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you been diagnosed with Polycystic Kidney Disease?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you ever required kidney dialysis or had a kidney transplant?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you ever been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), and/or been hospitalized for any respiratory disorders (other than asthma) in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	If "NO" move to question 7.
a. Are you currently taking medication for daily control, have a history of oxygen treatment, or do you have any limitations with activities of daily living?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you ever had a Heart Attack / Myocardial Infarction (MI), been diagnosed with Coronary Artery Disease, or had a heart or vascular surgery including stent placement, Cardiomyopathy / Congestive Heart Failure?	<input type="checkbox"/>	<input type="checkbox"/>	



INDIVIDUAL TERM LIFE INSURANCE
FOLLOW-UP QUESTIONNAIRE

[17900 N. Laurel Park Dr.
Livonia, MI 48152
(800) 974-1593]

Authorization:

All answers in this questionnaire are, to the best of my knowledge and belief, true. I understand the answers will be used to determine if coverage will be issued, and this questionnaire will be part of the Policy. • If I misstate any of the information above, the Policy may be voidable from Issue Date by AAA Life Insurance Company (the Company). • Coverage will take effect on the Effective Date shown on the Policy; provided the first Premium has been paid and there has been no change in my health since the date of the application. If my health changes prior to the Effective Date of the Policy, I must promptly inform the Company in writing. • **[Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

Signature of Proposed Insured

Date

By agreeing to the following statement(s) we will accept your verbal authorization as your signature:

Verbal Authorization Questions	Yes	No
1. Do you consent to the use of an audio signature in completing this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you declare that all the statements and answers given today, are to the best of your knowledge and belief, true, complete, and correct?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree that your responses to this questionnaire and your application, will be the basis for AAA Life Insurance Company to use to make an underwriting decision for any insurance issued?	<input type="checkbox"/>	<input type="checkbox"/>

Please state your Full Name and Date of Birth to complete the verbal authorization and your signature.

Full Name: _____

Date of Birth: _____



Administrative Office:
[17900 N. Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662]

APPLICATION FOR REINSTATEMENT INDIVIDUAL TERM LIFE INSURANCE

Section A. Insured's Information: *Please complete entire section*

Policy Number:			AAA Member Number:		
Insured Name:			Insured SSN: - -		
Street Address:			Insured Date of Birth:		
City:	State:	Zip:	Daytime Phone:		
Owner Name (if different than Insured) :			Email Address:		

Section B. Underwriting Information: *Please complete entire section*

The Insured must answer ALL of the following questions. Provide details to any "Yes" answers in the space provided.

Height: _____ ft. _____ in. Weight: _____ lbs.

Since the date of the original application:

1. Have you used nicotine in any form? ☐ Yes ☐ No
2. Have you been or are you currently confined to a hospital or assisted living facility, receiving home health care, or had diagnostic testing performed or recommended for an unidentified condition? ☐ Yes ☐ No
3. Have you been convicted of a felony, driving under the influence, or reckless driving, or treated for alcohol or substance abuse, or advised to reduce consumption of alcohol by a member of the medical profession? ☐ Yes ☐ No
4. Have you been diagnosed or treated by member of the medical profession for dementia, schizophrenia, attempted suicide or have you been hospitalized or missed more than 1 week of work as a result of anxiety, depression, or bipolar disorder? ☐ Yes ☐ No
5. Have you been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) Infection, Cirrhosis, Hepatitis C, stroke, brain tumor, leukemia, or cancer? (Answer **NO** if you **ONLY** have basal or squamous cell cancer.) ☐ Yes ☐ No
6. Have you been diagnosed or treated by a member of the medical profession for Central Nervous Disorder, Amyotrophic Lateral Sclerosis (ALS), lupus, chronic kidney disease, respiratory disorder, heart or circulatory disorder? (Answer **NO** if you **ONLY** have asthma or high blood pressure.) ☐ Yes ☐ No
- 7a. Have you been diagnosed or treated by a member of the medical profession for diabetes or elevated blood sugar? ☐ Yes ☐ No
- b. If you answered **YES** to 7a, were you diagnosed with diabetes more than 15 years ago or have you had any complications relating to diabetes, such as ketoacidosis, neuropathy, or nephropathy in the last 5 years? ☐ Yes ☐ No

Provide details to "Yes" answers from questions 1 through 7 in Section B. Underwriting Information

(Additional sheets may be attached if necessary)

Question #	Conditions/Reasons	Date	Test Results	Name and Address Where Treatment Received

Section C. Premium Payments: *Please complete entire section*☐ I wish to keep paying my premium based on the existing payment method on file (Only available if lapsed within the last year).☐ I wish to update my premium payment information. I authorize, until I revoke in writing, deduction of the premium as outlined below.

Signature: _____

Pay my premium: ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly☐ Deduct from my checking account (Attach a voided check for this option).☐ Charge to my credit card (Visa, MasterCard, Discover, & AmEx). Number: _____ Exp. Date: ____/____/____☐ Send me a bill directly (An administrative fee will be added for Monthly Direct Billing).**Section D. Signatures:** *Please read, sign, and date***Fraud Warning:** [Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements is/may be guilty of insurance fraud and may be subject to fines or penalties.]

All answers in this reinstatement application are, to the best of my knowledge and belief, true. I understand the answers will be used to determine if coverage will be reinstated. If I misstate any of the information above, the Policy may be voidable by AAA Life Insurance Company (the Company).

I understand that reinstatement will not become effective unless and until this application is approved by the Company at its Home Office, and the full amount of premium due is received while the insured is living. I further understand that this Policy's Incontestability Provision will apply from the date the Policy is reinstated with regard to statements made on this application. If I misstate any of the information above, the Policy may be voidable from inception by AAA Life Insurance Company (the Company).

I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical-related facility, [consumer reporting agency,] insurance company, MIB, Inc. (MIB), or other organization that has any records or knowledge of my medical or prescription history, [driving record,] or [social security number,] to give any such information to the Company, its reinsurer(s) or any entity retained by the Company to collect and transmit such information. I acknowledge receiving the MIB "NOTIFICATION" and authorize the Company, or its reinsurer(s) to make a brief report of my personal health information to MIB. The Company will not use or disclose medical information for any purpose other than stated above except as may be required or permitted by law. Such medical information may be subject to redisclosure and may no longer be protected by federal privacy regulations. This authorization shall be valid for 24 months from the date signed. I may revoke this authorization at any time by writing to the Company; and if I do, the Company may decline my application for reinstatement. However, any action taken prior to revocation will not be affected. A photocopy or facsimile of this authorization will be as valid as the original. I understand that I or my authorized representative have the right to a copy of this authorization.

Printed Name of Insured	Printed Name of Owner (If Other Than Insured)
Signature of Insured	Signature of Owner (If Other Than Insured)
Date	Date

State:	District of Columbia	Filing Company:	AAA Life Insurance Company
TOI/Sub-TOI:	L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium		
Product Name:	Individual Direct Mail Term		
Project Name/Number:	Individual Direct Mail Term/TL1401		

Supporting Document Schedules

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	Readability Certification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	TL1401 SOV Individual Term Product New.pdf TL1402-DC SOV for Filing of Application_9-1-2015.pdf TL1403-DC SOV for Filing of Application_9-1-2015.pdf TL1404-DC SOV for Filing of General Health.pdf TL1405-DC SOV for Filing of Follow-Up.pdf TL1406-DC SOV for Filing of Reinstatement Application.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	DC Cover Letter.pdf
Item Status:	
Status Date:	


Satisfied - Item:	Actuarial Memo
Comments:	
Attachment(s):	Act Memo Package Generic.pdf
Item Status:	
Status Date:	

READABILITY CERTIFICATION

COMPANY NAME: AAA Life insurance Company
NAIC #: 71854

I hereby certify that the forms listed below have achieved the following scores as calculated by the Flesch Reading Ease Test

Form Number	Score
TL1401	55.2
TL1402-DC	64.8
TL1403-DC	60.0
TL1404-DC	57.8
TL1405-DC	58.8
TL1406-DC	50.9



Company Officer: James T. Lucas
Title: Senior Vice President & Chief Actuary

9/3/2015
Date



**Statement of Variability for Filing of Individual Term Life Insurance Policy - Form Number: TL1401
9/2/2015**

With respect to the policy form referred to above, the following are being filed as variable through the use of bracketing:

Page 1:

1. **Administrative Address, Toll Free Number and Website** – Allows for future changes to the address, toll free number and website address if we move offices or if our website address changes.
2. **Officer Signatures** – Are bracketed to allow variance should the officers leave the company.
3. **Toll-Free Complaint Number** – is bracketed to allow variance if the number changes.

Page 3:

4. **Policy Number** – Will be populated based on the policy number assigned by us.
5. **Effective Date** – Will be populated based on the effective date of the coverage as defined in the policy.
6. **Owner** – Will be populated as appropriate.
7. **Issue Date** – Will be populated with the issue date of the policy.
8. **Insured** – Will be populated with the insured's name as listed on the application.
9. **Issue State** – Will vary based on the state of issue.
10. **Issue Age** – Will be populated based on the issue age of the applicant.
11. **Gender** – Will be populated with the insured's gender.
12. **Face Amount** – Will be populated based on the amount selected at time of application.
13. **Rate Class** – Will vary based on the underwriting guidelines.
14. **Payment Method** – Will be populated with either Annual, Semi-Annual, Quarterly, Monthly Direct Bill, Monthly Credit Card, or Monthly EFT based on applicant's selection.
15. **Initial Premium** – Will be calculated based on all riders selected by the applicant, their premium class and the premium rate for that coverage.
16. **"State" in the Department of Insurance and Telephone Number** – Will be populated by the issue state of the contract and the telephone number will vary and be populated in the same manner.
17. **Initial Premium *** - The bracket around the * allows for the * to appear if the annual fee is waived. If the fee has not been waived the * will not show next to the Initial Annual Premium column header.
18. **Initial Annual Premium Amount of the Base Term Life Insurance** – Will be populated with the premium for that client's coverage of term life insurance.
19. **Effective Date of the Base Term Life Insurance** – Will be populated with the effective date of the coverage.

20. **Expiration Date of the Base Term Life Insurance** – Will be populated with the calculated expiration date of the coverage.
21. **Effective Date of the Accelerated Death Benefit Endorsement** – Will be populated with the effective date of the endorsement. This should always match the Policy Effective Date.
22. **Expiration Date of the Accelerated Death Benefit Endorsement** – Will be populated with the calculated expiration date of the coverage.
23. **Accelerated Death Benefit Endorsement** – The whole option is bracketed to allow for this endorsement to appear or not appear if the company chooses to not offer this endorsement at issue.
24. **Benefit Amount for the Accidental Death Benefit Rider** – Will be populated with the applied for benefit amount.
25. **Initial Annual Premium Amount for the Accidental Death Benefit Rider** – Will be populated with the premium for that clients coverage.
26. **Effective Date of the Accidental Death Benefit Rider** – Will be populated with the effective date of the rider.
27. **Expiration Date of the Accidental Death Benefit Rider** – Will be populated with the calculated expiration date of the coverage.
28. **Accidental Death Benefit Rider** – The whole option is bracketed to allow for the rider to appear or not appear if applied for by the applicant.
29. **Benefit Amount for the Travel Accident Rider** – Will be populated with the applied for benefit amount.
30. **Initial Annual Premium Amount for the Travel Accident Rider** – Will be populated with the premium for that clients coverage.
31. **Effective Date of the Travel Accident Rider** – Will be populated with the effective date of the rider.
32. **Expiration Date of the Travel Accident Rider** – Will be populated with the calculated expiration date of the coverage.
33. **Travel Accident Rider** – The whole option is bracketed to allow for the rider to appear or not appear if applied for by the applicant.
34. **Benefit Amount for the Child Term Rider** – Will be populated with the applied for benefit amount.
35. **Initial Annual Premium Amount for the Child Term Rider** – Will be populated with the premium for that clients coverage.
36. **Effective Date of the Child Term Rider** – Will be populated with the effective date of the rider.
37. **Expiration Date of the Child Term Rider** – Will be populated with the calculated expiration date of the coverage.
38. **Child Term Rider** – The whole option is bracketed to allow for the rider to appear or not appear if applied for by the applicant.
39. **Total Annual Premium Amount** – Will be populated by the total amount of the base coverage and any rider(s) selected.
40. **Alternate Premium Options (Monthly Credit Card or EFT, Monthly Direct Bill, Quarterly, Semi-Annual, Annual) Amounts** - Will be populated with the associated premium applicable for the coverage chosen by the Applicant.
41. **Administrative Fee of \$3.00 per Month** - Allows us the flexibility to raise or lower the fee depending on business needs. Notification will be sent to the client if we raise the administrative fee. The minimum fee will be \$1.00 and the maximum will be \$5.00.

- 42. **Conversion Period Age (65th birthday and attained age 65)** – Allow us to adjust the conversion period age depending on business needs. The minimum age would be 60 and the maximum age 80.
- 43. **\$60 Annual Fee Waived Language** – This language will not appear if a non-AAA Member applies for this product. If an AAA Member is applying and being issued the coverage this language will appear.
- 44. **\$60 Value** – Allow us to change the amount as needed. The minimum fee will be \$40.00 and the maximum will be \$80.00.
- 45. **Administrative Address and Toll Free Number** – Allows for future changes to the address and toll free number if we move offices.
- 46. **Print Date** – Will be populated with the date the Policy is printed.

Page 3a (First Sample Page with “R” in the bottom right hand corner)

- 47. **Policy Number** – Will be populated based on the policy number assigned and will match what is listed on page 3.
- 48. **Effective Date** – Will be populated based on the effective date of the coverage as defined in the policy and will match what is listed on page 3.
- 49. **Face Amount** – Will be populated based on the amount selected at time of application and will match what is listed on page 3.
- 50. **Insured** – Will be populated with insured's name as listed on the application and will match what is listed on page 3.
- 51. **Renewal Premium Table Heading** – The table heading will be populated based on the renewal premium mode selected. This area will be populated with one of the following options; Monthly, Quarterly, Semi-Annual and Annual.
- 52. **Policy Years** – Will be populated based on the policy years of the coverage.
- 53. **Attained Age** – Will be populated based on the attained age of the applicant.
- 54. **Current Base Term Life Without Riders** – Will be populated with the base term premium amount based on the approved amount for the Applicant.
- 55. **Current Base Term Life With All Riders** – Will be populated with the base term premium amount and any additional rider premiums based on the approved amount for the Applicant.
- 56. **Maximum Base Term Life Without Riders** – Will be populated with the maximum base term premium amount based on the approved amount for the Applicant.
- 57. **Maximum Base Term Life With All Riders** – Will be populated with the maximum base term premium amount and any additional rider premiums based on the approved amount for the Applicant.
- 58. **Renewal Premium Table Column Header *'s** - The brackets around the *'s allows for the *'s to appear if the annual fee is waived. If the fee has not been waived the *'s will not show next to the Current Base Term Life Without Riders, Current Base Term Life With All Riders, Maximum Base Term Life Without Riders or Maximum Base Term Life With All Riders column headers.
- 59. **\$60 Annual Fee Waived Language** – This language will not appear if a non-AAA Member applies for this product. If an AAA Member is applying and being issued the coverage this language will appear.
- 60. **\$60 Value** – Allow us to change the amount as needed. The minimum fee will be \$40.00 and the maximum will be \$80.00.

Page 3a (Second Sample Page with “NR” in the bottom right hand corner)

- 61. **Policy Number** – Will be populated based on the policy number assigned and will match what is listed on page 3.
- 62. **Effective Date** – Will be populated based on the effective date of the coverage as defined in the policy and will match what is listed on page 3.
- 63. **Face Amount** – Will be populated based on the amount selected at time of application and will match what is listed on page 3.
- 64. **Insured** – Will be populated with insured's name as listed on the application and will match what is listed on page 3.
- 65. **Renewal Premium Table Heading** – The table heading will be populated based on the renewal premium mode selected. This area will be populated with one of the following options; Monthly, Quarterly, Semi-Annual and Annual.
- 66. **Policy Years** – Will be populated based on the policy years of the coverage.
- 67. **Attained Age** – Will be populated based on the attained age of the applicant.
- 68. **Current Base Term Life** – Will be populated with the base term premium amount based on the approved amount for the Applicant.
- 69. **Maximum Base Term Life** – Will be populated with the maximum base term premium amount based on the approved amount for the Applicant.
- 70. **Renewal Premium Table Column Header **s** - The brackets around the **s allows for the **s to appear if the annual fee is waived. If the fee has not been waived the **s will not show next to the Current Base Term Life, Maximum Base Term Life column headers.
- 71. **\$60 Annual Fee Waived Language** – This language will not appear if a non-AAA Member applies for this product. If an AAA Member is applying and being issued the coverage this language will appear.
- 72. **\$60 Value** – Allow us to change the amount as needed. The minimum fee will be \$40.00 and the maximum will be \$80.00.

Page 4

- 73. **Home Office Address** – To allow the flexibility in the future should the home office address change.



**Statement of Variability for Filing of Application – Form Number: TL1402-DC
9/2/2015**

With respect to the application referred to above, the following are being filed as variable through the use of bracketing:

1. **How to Apply** – Section is variable to allow us to change wording of instructions.
2. **Toll-Free Number** – Allows any future change in the toll-free number.
3. **It's as easy as 1-2-3!** – This phrase may be deleted or replaced with 6 Simple Steps, or 5 Simple Steps (if riders are not offered) for the purpose of test marketing.
4. **Application ID and Mail Grouping** – These are internal form numbers that will be updated based on mailing date and specific addressee information.
5. **Complete and Mail by Date** – This phrase may be deleted or replaced with Apply by [Date] for life insurance coverage. Date will vary based on mailing date.
6. **Send No Money Call Out** – This phrase may be deleted or replaced with Apply today for life insurance coverage.
7. **Section Numbers 1 and 2** – Allows for the sections to be changed to alpha rather than numeric characters. (May be shown as Sections A and B). The numbering may also be removed from the application, leaving only the section title, for the purpose of test marketing.
8. **Section Heading 1** – Allows for the section heading to be changed from Your to Applicant, Proposed Insured, Insured, 1st Insured, 1st Proposed Insured, 1st Applicant, First Insured, First Proposed Insured, First Applicant or You for the purpose of test marketing. The word Information may or may not be used in the section heading.
9. **Applicant Name and Address Information** – Allows for information to be replaced with prepopulated name and address from our mailing lists.
10. **AAA Member** – Allows for either the AAA member question including the Yes/No checkboxes or the AAA member number field to be removed from the application. NOTE: This applies to both the Applicant and Additional Applicant sections.
11. **Coverage Amounts** – Allows heading to be changed from Your Desired Coverage Amount to any of the headings listed under variable material items 8 and 19 for the purpose of test marketing. Allows for changes to base amounts being offered. The amounts will range between \$500,000 and \$25,000. NOTE: This applies to both the Applicant and Additional Applicant Information sections.
12. **Date of Birth** – This field title may be phrased as *Birth Date* or *Date of Birth*, for the purpose of testing depending on which field title will receive the most accurate response fill rate. NOTE: This applies to both the Applicant and Additional Applicant sections.
13. **Age to Apply** – This field may be updated to change the available ages based on business needs. The age range can vary from 18-74.
14. **Social Security Number** – Social security number may also be removed from the application. If removed, this piece of information can be obtained through authorized entities listed within the disclosure. NOTE: This applies to both the Applicant and Additional Applicant sections.
15. **Place of Birth** – This field may be removed from the application. NOTE: This applies to both the Applicant and Additional Applicant sections.

16. **Telephone Number** – This field title may be phrased as *Phone Number* or *Tel. Number* for the purpose of test marketing. Telephone number may also be removed from the application. NOTE: This applies to both the Applicant and Additional Applicant sections.
17. **Email Address** – Email Address may be removed from the application. NOTE: This applies to both the Applicant and Additional Applicant sections.
18. **Information Fields (Date of Birth, Social Security Number, & Place of Birth etc.)** – Allows for changes to layout order of these fields for purposes of test marketing (i.e. Social Security Number may appear above Date of Birth, etc.). NOTE: This applies to both the Applicant and Additional Applicant Information sections.
19. **Section Heading 2** – Allows for the section heading to be changed from Spouse to Additional Applicant, Additional Proposed Insured, Other Insured, Other Applicant, Other Proposed Insured, 2nd Insured, 2nd Proposed Insured, 2nd Applicant, Second Insured, Second Proposed Insured, or Second Applicant for the purpose of test marketing. The words Partner and Information may be added to or deleted from these options in the section heading.
20. **Section 3** – Allows us to solicit our term life insurance product with no optional riders; or a combination of one or more optional riders at the time of original application. (May be shown as section C) The numbering may also be removed from the application, leaving only the section title, for the purpose of test marketing.
21. **Section Heading 3** – Allows for the section heading to be changed to Select Any Optional Riders For any title used in section headings 1 or 2 (items 8 or 19 above) will be added for the purpose of test marketing.
22. **Accidental Death Rider Option under Section 3:** Allows for rider coverage offer amounts to change. The amounts being offered can range between \$500,000 and \$25,000 and will be the same amount as the base policy coverage amount. The number of available checkbox options can vary; we can show 0, 1, 2, 3, or 4 coverage offer amount checkboxes. NOTE: This applies to both the Applicant and Additional Applicant Information sections.
23. **Child Rider Option under Section 3:** Allows for rider coverage offer amounts to change. The amounts being offered can range between \$20,000 and \$5,000. The number of available checkbox options can vary; we can show 0, 1, 2, 3, or 4 coverage offer amount checkboxes. NOTE: This applies to both the Applicant and Additional Applicant Information sections.
24. **Accidental Death Rider Option under Section 3:** Allows for rider coverage offer amounts to change. The amounts being offered can range between \$500,000 and \$25,000 and will be the same amount as the base policy coverage amount. The number of available checkbox options can vary; we can show 0, 1, 2, 3, or 4 coverage offer amount checkboxes. NOTE: This applies to both the Applicant and Additional Applicant Information sections.
25. **Section 4** – Allows us to change the section title from You and Spouse, to Applicant, Other, Additional, Partner, 1st, 2nd, First, or Second for the purposes of test marketing. This also applies to brackets “Company/Policy #:”
26. **Sections numbers 4, 5, & 6** – Allows for appropriate re-numbering when we don't include any riders on the application or if the payment method section is moved above the underwriting questions. Also allows for the sections to be changed to alpha rather than numeric characters (May be shown as Section D, E & F). The numbering may also be removed from the application, leaving only the section title, for the purpose of test marketing.
27. **Payment Method Instructions** – are bracketed to allow us to make appropriate revisions to specific language and wording.
28. **Payment Method** – Allows us to offer one, two, or all three payment methods, for purposes of test marketing.
29. **\$3 fee for direct monthly billing** – Allows us the ease of changing the fee in the future. The fee will range anywhere from \$1.00 to \$5.00.
30. **Disclosure** – Allows us to remove the consumer report agency, driving record and social security number from the list of authorized sources for collection and transmission of information if they are not being utilized as described in number 18 above.

31. ***The Fraud Warning*** – Allows us to update fraud language as required by state regulations.
32. ***Signature*** – Allows us to change the field to include the title to match the section headings 1 and 2 (items 8 and 19 above). An apostrophe and “s” would be added to the title where necessary.
33. ***Date Signed*** – This field title may be phrased as *Signature Date*, *Today’s Date*, *Signed Date* or *Date Signed* for testing which field title will receive the most accurate response fill rate. NOTE: This applies to both the Applicant and Additional Applicant sections.
34. ***Administrative Address and Toll-Free Phone Number*** – Allows for future changes to the address and phone number.



**Statement of Variability for Filing of Application – Form Number: TL1403-DC
9/2/2015**

With respect to the application referred to above, the following are being filed as variable through the use of bracketing:

1. **How to Apply** – Section is variable to allow us to change wording of instructions.
2. **Toll-Free Number** – Allows any future change in the toll-free number.
3. **It's as easy as 1-2-3!** – This phrase may be deleted or replaced with 6 Simple Steps, or 5 Simple Steps (if riders are not offered) for the purpose of test marketing.
4. **Application ID and Mail Grouping** – These are internal form numbers that will be updated based on mailing date and specific addressee information.
5. **Complete and Mail by Date** – This phrase may be deleted or replaced with Apply by [Date] for life insurance coverage. Date will vary based on mailing date.
6. **Send No Money Call Out** – This phrase may be deleted or replaced with Apply today for life insurance coverage.
7. **Section Numbers 1 and 2** – Allows for the sections to be changed to alpha rather than numeric characters. (May be shown as Sections A and B). The numbering may also be removed from the application, leaving only the section title, for the purpose of test marketing.
8. **Section Heading 1** – Allows for the section heading to be changed from Your to Applicant, Proposed Insured, Insured or You for the purpose of test marketing. The word Information may or may not be used in the section heading.
9. **Applicant Name and Address Information** – Allows for information to be replaced with prepopulated name and address from our mailing lists.
10. **AAA Member** – Allows for either the AAA member question including the Yes/No checkboxes or the AAA member number field to be removed from the application.
11. **Coverage Amounts** – Allows heading to be changed from Your Desired Coverage Amount to any of the headings listed under variable material items 8 for the purpose of test marketing. Allows for changes to base amounts being offered. The amounts will range between \$500,000 and \$25,000.
12. **Date of Birth** – This field title may be phrased as *Birth Date* or *Date of Birth*, for the purpose of testing depending on which field title will receive the most accurate response fill rate.
13. **Age to Apply** – This field may be updated to change the available ages based on business needs. The age range can vary from 18-74.
14. **Social Security Number** – Social security number may also be removed from the application. If removed, this piece of information can be obtained through authorized entities listed within the disclosure.
15. **Place of Birth** – This field may be removed from the application.
16. **Telephone Number** – This field title may be phrased as *Phone Number* or *Tel. Number* for the purpose of test marketing. Telephone number may also be removed from the application.
17. **Email Address** – Email Address may be removed from the application.

18. **Information Fields (Date of Birth, Social Security Number, & Place of Birth etc.)** – Allows for changes to layout order of these fields for purposes of test marketing (i.e. Social Security Number may appear above Date of Birth, etc.).
19. **Section 2** – Allows us to solicit our term life insurance product with no optional riders; or a combination of one or more optional riders at the time of original application. (May be shown as section B) The numbering may also be removed from the application, leaving only the section title, for the purpose of test marketing.
20. **Section Heading 2** – Allows for the section heading to be changed to Select Any Optional Riders For any title used in section heading 1 (items 8 above) will be added for the purpose of test marketing.
21. **Accidental Death Rider Option under Section 2:** Allows for rider coverage offer amounts to change. The amounts being offered can range between \$500,000 and \$25,000 and will be the same amount as the base policy coverage amount. The number of available checkbox options can vary; we can show 0, 1, 2, 3, or 4 coverage offer amount checkboxes.
22. **Child Rider Option under Section 2:** Allows for rider coverage offer amounts to change. The amounts being offered can range between \$20,000 and \$5,000. The number of available checkbox options can vary; we can show 0, 1, 2, 3, or 4 coverage offer amount checkboxes.
23. **Accidental Death Rider Option under Section 2:** Allows for rider coverage offer amounts to change. The amounts being offered can range between \$500,000 and \$25,000 and will be the same amount as the base policy coverage amount. The number of available checkbox options can vary; we can show 0, 1, 2, 3, or 4 coverage offer amount checkboxes.
24. **Sections numbers 3, 4, & 5** – Allows for appropriate re-numbering when we don't include any riders on the application or if the payment method section is moved above the underwriting questions. Also allows for the sections to be changed to alpha rather than numeric characters (May be shown as Section C, D & E). The numbering may also be removed from the application, leaving only the section title, for the purpose of test marketing.
25. **Payment Method Instructions** – are bracketed to allow us to make appropriate revisions to specific language and wording.
26. **Payment Method** – Allows us to offer one, two, or all three payment methods, for purposes of test marketing.
27. **\$3 fee for direct monthly billing** – Allows us the ease of changing the fee in the future. The fee will range anywhere from \$1.00 to \$5.00.
28. **Disclosure** – Allows us to remove the consumer report agency, driving record and social security number from the list of authorized sources for collection and transmission of information if they are not being utilized as described in number 18 above.
29. **The Fraud Warning** – Allows us to update fraud language as required by state regulations.
30. **Signature** – Allows us to change the field to include the title to match the section heading 1 (items 8 above). An apostrophe and "s" would be added to the title where necessary.
31. **Date Signed** – This field title may be phrased as *Signature Date*, *Today's Date*, *Signed Date* or *Date Signed* for testing which field title will receive the most accurate response fill rate.
32. **Administrative Address and Toll-Free Phone Number** – Allows for future changes to the address and phone number.



**Statement of Variability for Filing of General Health Questionnaire TL1404-DC
9/2/2015**

With respect to the application referred to above, the following are being filed as variable through the use of bracketing:

1. ***Administrative Address and Toll-Free Number*** - Allows the ease of changing the address and phone number in the future.
2. ***Incomplete Answer(s) Section*** – This section will be populated with any of the unanswered questions from the direct response application, previously approved by the Department, for the applicant to complete.
3. ***Fraud Warning*** – Allows us to update fraud language as required by state regulations.
4. ***Signature of Proposed Insured and Date*** – These sections will be removed if the questionnaire is completed telephonically.
5. ***Verbal Authorization*** – This section will be removed if the questionnaire is not completed telephonically.



**Statement of Variability for Filing of Follow-Up Questionnaire TL1405-DC
9/2/2015**

With respect to the questionnaire referred to above, the following are being filed as variable through the use of bracketing:

1. ***Administrative Address and Toll-Free Number*** - Allows the ease of changing the address and phone number in the future.
2. ***Fraud Warning*** – Allows us to update fraud language as required by state regulations.
3. ***Signature of Proposed Insured and Date*** – These sections will be removed if the questionnaire is completed telephonically.
4. ***Verbal Authorization*** – This section will be removed if the questionnaire is not completed telephonically.



**Statement of Variability for Filing of Reinstatement Application - Form Number: TL1406-DC
9/2/2015**

With respect to the application referred to above, the following are being filed as variable through the use of bracketing:

1. ***Administrative Address and Toll-Free Number*** – Allows the ease of changing the address and phone number in the future.
2. ***Payment Method*** – Allows us to offer one, two, or all three payment methods, for purposes of test marketing.
3. ***The Fraud Warning*** – Allows us to update fraud language as required by Department regulations.
4. ***Disclosure*** – Allows us to remove the consumer report agency, driving record and social security number from the list of authorized sources for collection and transmission of information if they are not being utilized.



September 4, 2015
District of Columbia Department of Insurance

RE: **AAA Life Insurance Company**
NAIC No.: 71854 FEIN: 52-0891929

<u>Form Number</u>	<u>Description</u>
TL1401	Individual Term Life Insurance Policy with Indeterminate Premiums
TL1402-DC	Direct Term Life Application
TL1403-DC	Direct Term Life Application (single applicant)
TL1404-DC	Individual Term Life Insurance General Health Questionnaire
TL1405-DC	Individual Term Life Insurance Follow-Up Questionnaire
TL1406-DC	Application for Reinstatement Individual Term Life Insurance

Dear Reviewer:

We are submitting the above referenced Individual Term Life Insurance Policy, Applications and Questionnaires for your review and approval. These forms are being submitted in final printed format; however, we reserve the right to change fonts, layouts, or company logo/address. We certify that the font size will never be less than the minimum 10-point as required by the State. No part of this filing contains any unusual or possibly controversial items from normal Company or industry standards. These forms **will not** replace any existing forms. **The forms will be issued with sex-distinct rates. However we confirm that the policy forms will not be marketed or issued to any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.**

Once approved, the application forms will be marked on a general basis via postal mail or e-mail to individuals. Our intention is to use the riders and endorsements previously approved by the Department with this new Individual Term product. The filings listed below for each rider are also attached via the Associated Filings link in SERFF.

Form Number	Description	SERFF Tracking Number	Approval Date
TL20082XDB	Accelerated Death Benefit Endorsement	AAAL-125397027	1/16/2008
TL1306ADBDC	Accidental Death Benefit Rider	AAAL-128248093	5/21/2012
5504TAR	Travel Accident Rider	AAAL-126730787	8/4/2010
5507CTR	Child Term Rider	AAAL-126730787	8/4/2010

Form TL1401 is our Individual Term Life Insurance Policy with Indeterminate Premiums. The Individual Term Life Insurance Policy is a non-illustrated product.

Form TL1402-DC is a direct response application. This form can be completed by mailing in the completed paper application, filing it out electronically online or by calling in to AAA Life Insurance. Spouse insurance is not required; however, if the spouse should apply, they would, upon approval be issued their own Policy of insurance. Both the primary and spouse applicants are individually underwritten. In addition, we may market one or more optional riders at the time we solicit the base coverage. A "John Doe" version of this application has been attached for your reference.

Form TL1403-DC is the same direct response application as TL1402, but for a single applicant. This form can be completed by mailing in the completed paper application, filing it out electronically online or by calling in to AAA Life Insurance. When marketed, this version of the application can be printed as a single or two sided application. In addition, we may market one or more optional riders at the time we solicit the base coverage.

Form TL1404-DC is a General Health Questionnaire. The purpose of this questionnaire is to obtain answers to any incomplete questions submitted on the original life insurance application. A "John Doe" version of this questionnaire has been attached for your reference.

Form TL1405-DC is a Follow-Up Questionnaire used to obtain additional supplemental information related to a "YES" answer on application (Forms TL1402-DC and TL1403-DC) question #6. The applicant will be asked to complete these drill down questions and provide additional information behind their "YES" answer. The additional supplemental information will be used by our underwriting department with the hopes of accepting additional applications. A "John Doe" version of this questionnaire has been attached for your reference.

Form TL1406-DC is a reinstatement application that will be completed by the applicant if their Term Life Insurance Policy lapses. The applicant is required to answer the same base application questions as listed on forms TL1402-DC and TL1403-DC, however, the time period for these questions go back to the original date of application. A "John Doe" version of this application has been attached for your reference.

In addition to the above forms, we are attaching the required certifications for this filing. We are attaching, for informational purposes, a signed Readability Certification, a Statement of Variability which provides information regarding the variable data enclosed in brackets on the submitted application forms.

To the best of our knowledge and belief, this submission complies with all the relevant statutes and regulations of the State, and includes nothing that has been previously objected to or disapproved by the Department.

Please feel free to contact me personally if you should have any questions, or require any further information to complete your review. Thank you for your time and consideration.

Sincerely,



Elizabeth Bargerstock
Product Compliance Specialist
734-591-6593
ebargerstock@aaalife.com

AAA Life Insurance Company

Indeterminate Premium Term Life Insurance

Form TL1401

Actuarial Memorandum

Description

This product is term insurance to age 80 with indeterminate premiums. It is convertible to a permanent product up to attained age 65. The minimum face amount is \$25,000. Issue age is 18 - 74.

Premium

The current premiums for this product vary by age, gender, rate class and premium band. The premiums change as the insured enters each age band as shown in the attached premiums. The guaranteed premiums vary by the same items except that there are only 2 bands. There is a \$60 annual policy fee that is waived for members of a AAA club. This waiver is based on the fact that our experience shows that on AAA members, we experience better mortality and persistency. The premium tables per 1000 are attached.

Non-Forfeiture

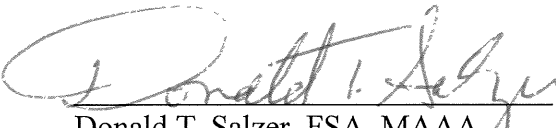
None. A demonstration of sample calculations is attached.

Valuation

Reserves will always be greater than or equal to the minimum required. Statutory reserves are currently based on CRVM with semi-continuous functions using 3.5% interest and 2001 CSO ALB, sex distinct with smoker distinction.

Certification

In my opinion, the non-forfeiture value available under this policy equal or exceed the minimums required under the standard Non-Forfeiture Law for all ages, gender, premium bands and rate classes.


Donald T. Salzer, FSA, MAAA
Senior Manager, Pricing Actuary

9/1/15
Date

Current Annual Premiums per 1000

Age	Female											
	Non-Nicotine						Nicotine					
	\$25,000- \$49,999	\$50,000- \$99,999	\$100,000- \$149,999	\$150,000- \$199,999	\$200,000- \$249,999	\$250,000+	\$25,000- \$49,999	\$50,000- \$99,999	\$100,000- \$149,999	\$150,000- \$199,999	\$200,000- \$249,999	\$250,000+
18-34	3 0192	2.2656	1.2588	1.143	1 0074	0.9564	4.9824	3.9648	2.7708	2.5401	2.2673	2.1528
35-39	3.5232	2.5344	1.3968	1.2453	1 0704	1.0272	6.0096	4.5312	3.1488	2.9198	2.6451	2.5382
40-44	4.176	3.0528	1.7652	1.5895	1.3854	1.3292	7.0512	5.7408	3.9048	3.7101	3.4642	3.3592
45-49	5.0352	3.6744	2.2716	2.0974	1.8852	1.8144	9.0912	7.0512	5.6772	5.3952	5.0389	4.8862
50-54	6.8496	4.9368	3.6528	3.4264	3.1494	3.022	13.4976	10.0632	8.5788	8.2784	7.8735	7.6349
55-59	10.4928	7.0536	5.2956	5.0442	4.7244	4.5332	19.8605	14.0808	12.5988	12.1403	11.5272	11.1779
60-64	15.4608	10.3824	7.5624	7.292	6.9288	6.6492	28.7184	21.1008	17.1444	16.5505	15.7481	15.2709
65-69	22.5168	15.9648	12.5988	12.2014	11.6532	11.1824	41.016	33.3336	26.8368	26.1718	25.1969	24.4333
70-74	33.1008	23.9904	20.7888	19.6673	18.2682	17.53	57.4464	48.5064	40.1016	39.7407	38.9563	37.7758
75-79	50.7408	38.7216	32.1288	31.2144	29.9214	28.7128	86.0256	71.436	59.9832	59.4435	58.2702	56.5044

Age	Male											
	Non-Nicotine						Nicotine					
	\$25,000- \$49,999	\$50,000- \$99,999	\$100,000- \$149,999	\$150,000- \$199,999	\$200,000- \$249,999	\$250,000+	\$25,000- \$49,999	\$50,000- \$99,999	\$100,000- \$149,999	\$150,000- \$199,999	\$200,000- \$249,999	\$250,000+
18-34	3.5232	2.5032	1.5132	1.4572	1.3852	1.3152	5.8128	4.4064	3.2748	3.0769	2.834	2.6908
35-39	4.0608	2.7696	1.6416	1.5838	1.5111	1.45	6.8448	5.2896	4.2864	4.0612	3.779	3.6263
40-44	5.0496	3.3024	2.2668	2.2475	2.2043	2.1152	8.8128	7.5624	6.0576	5.6803	5.2278	5.0694
45-49	6.5856	4.5504	3.4008	3.2954	3.1494	3.022	11.784	10.1088	8.8248	8.1011	7.2438	7.0243
50-54	9.0672	7.0512	5.6688	5.3298	4.913	4.7144	17.6784	14.2536	12.4728	12.1053	11.5901	11.2389
55-59	14.1168	10.0608	8.8188	8.1895	7.4327	7.1324	27.1063	21.6672	20.1552	19.1868	17.9525	17.4084
60-64	20.1744	14.9544	13.2288	12.3763	11.3383	10.8808	38.4768	30.5184	28.3488	27.5689	26.4568	25.655
65-69	30.6144	23.4336	20.9412	20.449	19.7166	18.922	55.9344	48.132	45.3564	44.9156	43.991	42.658
70-74	45.7296	36.0336	31.5396	31.0607	30.2364	29.0148	79.3728	72.0672	67.4532	67.0494	65.9459	63.9475
75-79	76.3056	60.4752	52.4112	51.6893	50.3944	48.3584	128.5104	112.2744	102.8232	102.2092	100.5286	97.4822

Guaranteed Premium

Age	Female				Male			
	Non-nicotine		Nicotine		Non-nicotine		Nicotine	
	\$25,000- \$99,999	\$100,000 +	\$25,000- \$99,999	\$100,000+	\$25,000- \$99,999	\$100,000+	\$25,000- \$99,999	\$100,000 +
18-34	3.33	1.67	5.24	3.97	3.88	1.98	6.40	4.41
35-39	3.88	1.94	6.32	4.54	4.47	2.24	7.53	5.29
40-44	4.60	2.30	7.41	5.75	5.56	3.18	9.70	7.57
45-49	5.54	2.77	9.55	7.06	7.25	4.54	12.97	10.11
50-54	7.54	4.69	14.18	10.07	9.98	7.31	19.45	14.26
55-59	11.55	7.26	20.86	15.65	15.53	11.42	29.82	21.67
60-64	17.78	10.98	35.90	27.49	23.21	17.96	42.33	30.52
65-69	30.40	19.02	65.63	46.43	41.33	32.17	67.13	51.19
70-74	44.69	30.68	91.92	71.78	61.74	50.78	107.16	86.33
75-79	73.58	51.69	138.51	107.36	110.65	87.05	192.77	146.23

AAA Life Insurance Company

Indeterminate Premium Term Life Insurance

Form TL1401

Non-forfeiture Minimum Value Demonstration

Attached are numerical demonstrations of compliance with minimums required under Standard Non-forfeiture Law for representative issue ages, gender and underwriting class. All values are calculated based on the guaranteed basis of the contract which is mortality of 2001 CSO ALB, sex distinct with smoker distinction and an interest rate of 4.5%.

The attached demonstrations are fairly self explanatory. All values are calculated using standard commutation symbols using curtate functions. The demonstration will show all calculated values but values under \$25 per 1000 are ignored as per the law.

Attached are four demonstrations of compliance with the law.

Issue Age	35	Unitary
Gender	Male	PV of Benefits 120 46
Class	Standard Non-Nicotine	PV of Premiums 207 9157
Death Benefit	100,000	NLP 0 951122
		Expense Allowance 11 1889
		k 0 633202

All Values are per 1000, commutation functions are curtate and assume death at the end of the year

Policy Year	Age End of Year	Premium	Mortality	tPx	Dx	Nx	Cx	Mx	Annual	Sum of	PV of	Net PV of	Minimum
									PV of	PV of	Death		Non-
									Premium	Premiums	Benefit	Premiums	Forfeiture Value
1	36	1 64	0 00112	1	1 00000	18 79	1 07177	120 46	1.6416	207 9157	120 4636	131 6525	0
2	37	2 24	0 00117	0 99888	0.95587	17 79	1 07020	119 39	2 14114	215 7981	124.9044	136 6437	0
3	38	2 24	0 00124	0.997711	0 91363	16 84	1 08412	118 32	2 04654	223 4296	129 5066	141 476	0
4	39	2 24	0 00133	0.996474	0 87321	15 92	1 11135	117 24	1 955983	231 4301	134 2609	146 5419	0
5	40	2 24	0 00141	0.995149	0 83449	15 05	1 12597	116.13	1 869265	239 8226	139.1577	151 8561	0
6	41	3 18	0 00152	0.993746	0 79743	14 21	1 15990	115 00	2 535835	248.6244	144.2131	157.4294	0
7	42	3 18	0 00165	0.992235	0 76193	13 42	1 20305	113 84	2.422947	256.8799	149 4098	162 6567	0
8	43	3 18	0 00181	0.990598	0 72792	12 66	1 26080	112 64	2 314784	265 5545	154.7386	168 1495	0
9	44	3 18	0.00200	0.988805	0 69531	11.93	1 33074	111 38	2 211095	274 6786	160 1818	173 9269	0
10	45	3 18	0 00221	0.986827	0.66404	11 23	1 40433	110 05	2 111649	284 2846	165 7214	180 0094	0
11	46	4 54	0 00244	0.984647	0 63404	10 57	1 48044	108 64	2 878547	294 4049	171 3475	186 4176	0
12	47	4 54	0 00267	0.982244	0 60526	9 93	1 54645	107.16	2.747869	303 6497	177.0502	192 2715	0
13	48	4 54	0 00286	0.979621	0 57765	9 33	1 58093	105 61	2 622519	313.4065	182 8356	198.4495	0
14	49	4 54	0 00301	0.97682	0 55119	8 75	1.58764	104.03	2 50241	323.6912	188 743	204 9618	0
15	50	4 54	0 00320	0.973879	0 52587	8 20	1.61031	102 45	2 387443	334 5199	194 8128	211.8185	0
16	51	7 31	0 00345	0.970763	0 50161	7.67	1.65604	100 84	3 666792	345 936	201 0227	219 0472	0
17	52	7 31	0.00377	0.967414	0 47836	7 17	1 72575	99 18	3 496786	355 0892	207 334	224 8431	0
18	53	7.31	0 00416	0.963767	0.45603	6 69	1 81540	97 45	3 333591	364 8046	213 6997	230 9949	0
19	54	7 31	0 00461	0.959757	0 43458	6 24	1 91714	95 64	3 176769	375 1425	220 0716	237 5408	0
20	55	7 31	0 00518	0.955333	0 41395	5 80	2 05191	93 72	3 025956	386 1651	226 4086	244 5204	0
21	56	11 42	0 00582	0.950384	0 39407	5 39	2 19473	91 67	4 50028	397 9651	232 622	251.9921	0
22	57	11 42	0 00648	0.944853	0 37491	5 00	2 32477	89 47	4.281425	406.3043	238 659	257.2725	0
23	58	11 42	0 00712	0.93873	0 35644	4 62	2 42855	87.15	4 070508	415.3455	244.503	262 9974	0
24	59	11 42	0.00776	0.932047	0 33866	4.26	2 51483	84 72	3 867489	425 1291	250 1668	269 1924	0
25	60	11 42	0.00851	0.924814	0 32156	3 93	2 61865	82 21	3 672227	435 7071	255 6481	275 8904	0
26	61	17 96	0 00942	0.916944	0 30510	3 60	2 75024	79 59	5 479511	447 1856	260 8623	283 1586	0
27	62	17 96	0 01053	0.908306	0 28921	3 30	2 91421	76 84	5 194157	452 8062	265 6838	286 7176	0
28	63	17 96	0 01182	0.898742	0 27384	3 01	3 09739	73.92	4 918146	459 2501	269.9522	290 7979	0
29	64	17 96	0 01323	0.888119	0 25895	2 74	3 27837	70 83	4 650731	466 6642	273 5129	295 4925	0
30	65	17 96	0 01470	0.876369	0 24452	2 48	3 43966	67 55	4 39158	475 1825	276 2457	300 8863	0
31	66	32 17	0 01623	0.863486	0.23055	2 23	3 58071	64 11	7 41682	484 9259	278 0643	307 0559	0
32	67	32.17	0 01778	0.849472	0.21704	2 00	3 69283	60 53	6 982244	480 9355	278 8734	304 5291	0
33	68	32.17	0 01940	0.834368	0 20400	1 78	3 78723	56 83	6 562775	477 449	278 5961	302 3215	0
34	69	32.17	0 02111	0.818182	0 19143	1 58	3 86709	53 05	6 158332	474 5223	277 1088	300 4683	0
35	70	32 17	0 02303	0.80091	0 17932	1 39	3 95191	49 18	5 768737	472 2269	274 2583	299 0148	0
36	71	50 78	0 02527	0.782465	0 16765	1 21	4 05400	45 23	8 513092	470.6997	269 7831	298.0478	0
37	72	50 78	0 02799	0.762692	0 15637	1 04	4.18841	41.17	7.940637	450 1924	263 3071	285.0625	0
38	73	50 78	0 03117	0.741344	0 14545	0 89	4.33848	36 99	7 386008	429 405	254.2833	271.8999	0
39	74	50 78	0.03452	0.718236	0 13485	0 74	4 45454	32 65	6 847643	408 3927	242 1023	258 5949	0
40	75	50 78	0 03812	0.693443	0.12459	0 61	4 54477	28 19	6 326566	387 0668	226 2884	245 0913	0
41	76	87 05	0 04204	0.667009	0.11468	0 48	4 61346	23 65	9 982717	365 3468	206 2122	231 3382	0
42	77	87 05	0 04646	0.638968	0 10513	0 37	4 67384	19 03	9 151238	303.5828	181.0637	192 2291	0
43	78	87 05	0 05160	0.609281	0 09593	0 26	4 73660	14.36	8.350307	237 3018	149 7069	150.2598	0
44	79	87 05	0 05757	0.577842	0 08706	0.17	4.79611	9 62	7 578403	165 5558	110 548	104 8302	5 717846
45	80	87 05	0 06426	0.544576	0 07851	0 08	4 82799	4 83	6 83456	87 05	61 49282	55 1202	6 372626

Issue Age	60	Unitary
Gender	Male	PV of Benefits 359.84
Class	Standard Nicotine	PV of Premiums 858.3946
Death Benefit	25,000	NLP 16.12958
		Expense Allowance 30.16197
		k 0.45434

All Values are per 1000, commutation functions are curtate and assume death at the end of the year

Policy Year	Age End of Year	Premium	Mortality	tPx	Dx	Nx	Cx	Mx	Annual PV of Premium	Sum of PV of Premiums	PV of Death Benefit	Net PV of Premiums	Minimum Non-Forfeiture Value
1	61	38.48	0.01711	1	1.00000	10.89	16.37321	359.84	38.4768	858.3946	359.8413	390.0033	0
2	62	42.33	0.01893	0.98289	0.94056	9.89	17.03817	343.47	39.8141	871.7293	365.1723	396.0618	0
3	63	42.33	0.02102	0.964284	0.88302	8.94	17.76187	326.43	37.37839	883.446	369.6729	401.3851	0
4	64	42.33	0.02326	0.944015	0.82724	8.06	18.41295	308.67	35.01693	897.8387	373.1314	407.9244	0
5	65	42.33	0.02550	0.922057	0.77320	7.23	18.86759	290.26	32.72961	915.2964	375.394	415.8561	0
6	66	67.13	0.02769	0.898544	0.72104	6.46	19.10578	271.39	48.40327	936.121	376.3845	425.3175	0
7	67	67.13	0.02981	0.873664	0.67088	5.74	19.13781	252.28	45.03635	933.9569	376.0445	424.3343	0
8	68	67.13	0.03195	0.84762	0.62286	5.07	19.04327	233.14	41.81227	933.6667	374.3148	424.2024	0
9	69	67.13	0.03414	0.820538	0.57699	4.45	18.85019	214.10	38.73336	935.4174	371.0645	424.9979	0
10	70	67.13	0.03655	0.792525	0.53329	3.87	18.65252	195.25	35.80001	939.4326	366.1218	426.8221	0
11	71	107.16	0.03931	0.763558	0.49168	3.34	18.49550	176.60	52.68804	946.1375	359.1752	429.8684	0
12	72	107.16	0.04270	0.733543	0.45201	2.84	18.46962	158.10	48.4372	912.606	349.7778	414.6337	0
13	73	107.16	0.04664	0.702221	0.41407	2.39	18.48078	139.63	44.37218	879.2344	337.217	399.4717	0
14	74	107.16	0.05061	0.669469	0.37776	1.98	18.29527	121.15	40.48102	846.2887	320.7096	384.5031	0
15	75	107.16	0.05491	0.635587	0.34320	1.60	18.03359	102.86	36.7773	813.5639	299.6993	369.6349	0
16	76	192.77	0.05969	0.600687	0.31039	1.26	17.72920	84.82	59.83336	781.0813	273.2817	354.8767	0
17	77	192.77	0.06499	0.564832	0.27929	0.95	17.36957	67.09	53.83915	653.8113	240.2286	297.0528	0
18	78	192.77	0.07112	0.528124	0.24990	0.67	17.00725	49.72	48.17238	515.2759	198.9807	234.1106	0
19	79	192.77	0.07815	0.490564	0.22213	0.42	16.61172	32.72	42.81949	362.8227	147.2901	164.845	0
20	80	192.77	0.08589	0.452226	0.19595	0.20	16.10543	16.11	37.77334	192.77	82.19139	87.58319	0

Issue Age 30
Gender Female
Class Standard Non-Nicotine
Death Benefit 200,000

Unitary
PV of Benefits 77 89
PV of Premiums 116 9589
NLP 0 670903
Expense Allowance 10 83863
k 0 758646

All Values are per 1000, commutation functions are curtate and assume death at the end of the year

Policy Year	Age End of Year	Premium	Mortality	tPx	Dx	Nx	Cx	Mx	Annual PV of Premium	Sum of PV of Premiums	PV of Death Benefit	Net PV of Premiums	Minimum Non-Forfeiture Value
1	31	1 01	0 00066	1	1 00000	19 81	0 63158	77 89	1 0074	116 9589	77 89171	88 73034	0
2	32	1 67	0 00070	0 99934	0 95631	18 81	0 64059	77 26	1 597031	121 2493	80 79016	91 98527	0
3	33	1 67	0 00074	0 99864	0 91448	17 85	0 64758	76 62	1 52719	125 0479	83 78437	94 86706	0
4	34	1 67	0 00079	0 997901	0 87446	16 94	0 66107	75 97	1 460344	129 0254	86 87895	97 88456	0
5	35	1 67	0 00085	0 997113	0 83614	16 06	0 68011	75 31	1 396355	133 1916	90 06966	101 0452	0
6	36	1 94	0 00092	0 996266	0 79945	15 23	0 70383	74 63	1 550941	137 557	93 35215	104 357	0
7	37	1 94	0 00099	0 995349	0 76432	14 43	0 72410	73 93	1 482789	141 8503	96 72198	107 6141	0
8	38	1 94	0 00105	0 994364	0 73069	13 66	0 73418	73 20	1 417532	146 3511	100 1836	111 0286	0
9	39	1 94	0 00110	0 99332	0 69849	12 93	0 73525	72 47	1 355066	151 0683	103 7508	114 6073	0
10	40	1 94	0 00116	0 992227	0 66767	12 23	0 74115	71 73	1 295287	156 0106	107 4378	118 3568	0
11	41	2 30	0 00123	0 991076	0 63818	11 57	0 75116	70 99	1 467817	161 1908	111 2416	122 2867	0
12	42	2 30	0 00131	0 989857	0 60995	10 93	0 76462	70 24	1 402882	166 2454	115 1591	126 1213	0
13	43	2 30	0 00140	0 98856	0 58292	10 32	0 78094	69 48	1 340712	171 5476	119 1874	130 1439	0
14	44	2 30	0 00151	0 987176	0 55704	9 73	0 80490	68 70	1 281182	177 1117	123 3235	134 365	0
15	45	2 30	0 00164	0 985686	0 53224	9 18	0 83529	67 89	1 22416	182 9545	127 5556	138 7977	0
16	46	2 77	0 00179	0 984069	0 50849	8 65	0 87100	67 06	1 408513	189 0941	131 8719	143 4554	0
17	47	2 77	0 00197	0 982308	0 48572	8 14	0 91567	66 18	1 345447	195 0578	136 26	147 9798	0
18	48	2 77	0 00218	0 980372	0 46389	7 65	0 96773	65 27	1 284973	201 3374	140 6989	152 7438	0
19	49	2 77	0 00241	0 978235	0 44295	7 19	1 02153	64 30	1 226958	207 9563	145 1668	157 7651	0
20	50	2 77	0 00267	0 975878	0 42285	6 74	1 08039	63 28	1 171293	214 9377	149 65	163 0615	0
21	51	4 69	0 00296	0 973272	0 40356	6 32	1 14310	62 20	1 892698	222 3088	154 1258	168 6536	0
22	52	4 69	0 00329	0 970391	0 38504	5 92	1 21223	61 06	1 805833	228 0868	158 5708	173 037	0
23	53	4 69	0 00366	0 967199	0 36725	5 53	1 28624	59 84	1 722384	234 2202	162 9526	177 6901	0
24	54	4 69	0 00405	0 963659	0 35015	5 17	1 35702	58 56	1 642182	240 7402	167 2375	182 6365	0
25	55	4 69	0 00446	0 959756	0 33371	4 82	1 42426	57 20	1 565102	247 6755	171 4074	187 898	0
26	56	7 26	0 00493	0 955475	0 31792	4 48	1 49983	55 78	2 308069	255 0574	175 4432	193 4982	0
27	57	7 26	0 00544	0 950765	0 30273	4 16	1 57591	54 28	2 19779	260 2313	179 2921	197 4233	0
28	58	7 26	0 00598	0 945593	0 28811	3 86	1 64873	52 70	2 091707	265 8009	182 9153	201 6487	0
29	59	7 26	0 00654	0 939938	0 27406	3 57	1 71516	51 05	1 989664	271 8006	186 2804	206 2004	0
30	60	7 26	0 00711	0 933791	0 26054	3 30	1 77268	49 34	1 891532	278 2648	189 3615	211 1044	0
31	61	10 98	0 00771	0 927152	0 24755	3 04	1 82642	47 56	2 718093	285 228	192 1389	216 387	0
32	62	10 98	0 00837	0 920003	0 23506	2 79	1 88275	45 74	2 580992	288 816	194 5753	219 1089	0
33	63	10 98	0 00907	0 912303	0 22306	2 56	1 93601	43 85	2 449176	292 7892	196 6068	222 1232	0
34	64	10 98	0 00981	0 904028	0 21152	2 33	1 98562	41 92	2 322452	297 1861	198 1816	225 4589	0
35	65	10 98	0 01062	0 89516	0 20042	2 12	2 03683	39 93	2 20064	302 0485	199 2443	229 1477	0
36	66	19 02	0 01152	0 885653	0 18976	1 92	2 09185	37 90	3 609142	307 4315	199 7113	233 2315	0
37	67	19 02	0 01250	0 87545	0 17949	1 73	2 14703	35 80	3 413938	304 9025	199 4762	231 3129	0
38	68	19 02	0 01359	0 864507	0 16962	1 55	2 20581	33 66	3 226089	302 5288	198 4331	229 5121	0
39	69	19 02	0 01480	0 852759	0 16011	1 38	2 26753	31 45	3 045212	300 3484	196 4422	227 858	0
40	70	19 02	0 01612	0 840138	0 15094	1 22	2 32843	29 18	2 87095	298 4046	193 3436	226 3833	0
41	71	30 68	0 01761	0 826595	0 14212	1 07	2 39488	26 86	4 360099	296 7404	188 9703	225 1208	0
42	72	30 68	0 01931	0 812038	0 13360	0 93	2 46874	24 46	4 098869	283 017	183 0881	214 7096	0
43	73	30 68	0 02117	0 796358	0 12538	0 80	2 53997	21 99	3 846622	268 8843	175 4041	203 9879	0
44	74	30 68	0 02320	0 779499	0 11744	0 67	2 60727	19 45	3 603051	254 3072	165 6338	192 929	0
45	75	30 68	0 02545	0 761415	0 10978	0 55	2 67347	16 84	3 367905	239 2408	153 4473	181 499	0
46	76	51 69	0 02792	0 742037	0 10237	0 44	2 73521	14 17	5 291744	223 6376	138 4253	169 6617	0
47	77	51 69	0 03063	0 721319	0 09523	0 34	2 79131	11 44	4 922487	184 8462	120 0873	140 2327	0
48	78	51 69	0 03363	0 699225	0 08834	0 25	2 84290	8 64	4 56623	143 545	97 85867	108 8998	0
49	79	51 69	0 03690	0 67571	0 08169	0 16	2 88462	5 80	4 222649	99 32889	71 02074	75 35542	0
50	80	51 69	0 04049	0 650776	0 07529	0 08	2 91719	2 92	3 891706	51 69	38 74641	39 21439	0

Issue Age	65	Unitary
Gender	Female	PV of Benefits 311.54
Class	Standard Nicotine	PV of Premiums 807.1237
Death Benefit	50,000	NLP 12.86649
		Expense Allowance 26.08311
		k 0.418308

All Values are per 1000, commutation functions are curtate and assume death at the end of the year

Policy Year	Age End of Year	Premium	Mortality	tPx	Dx	Nx	Cx	Mx	Annual PV of Premium	Sum of PV of Premiums	PV of Death Benefit	Net PV of Premiums	Minimum Non-Forfeiture Value
1	66	33.33	0.02110	1	1.00000	9.40	20.19139	311.54	33.3336	807.1237	311.5429	337.626	0
2	67	65.63	0.02272	0.9789	0.93675	8.40	20.36639	291.35	61.47867	826.0401	311.0249	345.5389	0
3	68	65.63	0.02452	0.956659	0.87604	7.46	20.55554	270.99	57.49461	813.1022	309.329	340.1269	0
4	69	65.63	0.02649	0.933202	0.81776	6.58	20.72968	250.43	53.66971	800.7427	306.2378	334.9568	0
5	70	65.63	0.02866	0.908482	0.76182	5.77	20.89348	229.70	49.99808	789.0959	301.5156	330.0848	0
6	71	91.92	0.03111	0.882444	0.70812	5.00	21.08093	208.81	65.09025	778.3288	294.8749	325.5809	0
7	72	91.92	0.03385	0.854992	0.65654	4.30	21.26701	187.73	60.34957	740.3288	285.9296	309.6852	0
8	73	91.92	0.03683	0.82605	0.60701	3.64	21.39330	166.46	55.79592	701.3271	274.2291	293.3705	0
9	74	91.92	0.04008	0.795627	0.55947	3.03	21.45806	145.07	51.42675	661.1818	259.289	276.5774	0
10	75	91.92	0.04348	0.763738	0.51392	2.47	21.38312	123.61	47.23977	619.7168	240.5169	259.2323	0
11	76	138.51	0.04705	0.730531	0.47041	1.96	21.17966	102.22	65.15634	576.6191	217.3088	241.2041	0
12	77	138.51	0.05091	0.696159	0.42897	1.49	20.89855	81.04	59.41697	480.4281	188.9266	200.9667	0
13	78	138.51	0.05507	0.660718	0.38960	1.06	20.53143	60.15	53.96369	376.4705	154.3777	157.4805	0
14	79	138.51	0.05956	0.624332	0.35229	0.67	20.07901	39.61	48.79608	263.161	112.4472	110.0823	2.364909
15	80	138.51	0.06439	0.587147	0.31704	0.32	19.53533	19.54	43.91367	138.51	61.61722	57.93979	3.677437